



# Heavy Equipment Supplement Caption Report

- Supplement
- Total Loss Supplement

Vehicle Owner \_\_\_\_\_ SCA File # \_\_\_\_\_ Claim Number \_\_\_\_\_ Policy \_\_\_\_\_  
 Insured: \_\_\_\_\_ Claimant: \_\_\_\_\_ Ins. Company \_\_\_\_\_  
 Year: \_\_\_\_\_ Manufacturer \_\_\_\_\_ Model No. \_\_\_\_\_ Type \_\_\_\_\_  
 VIN Number \_\_\_\_\_ Odometer Reads: \_\_\_\_\_ License \_\_\_\_\_ State \_\_\_\_\_

**Location of Vehicle**

- Repair Facility
  - Towing Facility
  - Place of Business
- Vehicle Disassembled Yes  No

**Additional Charges**

Towing: \$ \_\_\_\_\_  
 Storage: \$ \_\_\_\_\_  
 Other: \$ \_\_\_\_\_

**Vehicle Status**

Date of Re-Inspection: \_\_\_\_\_

- Before repair
- During Repair
- After Repair

**Re-Inspection Activity**

Agreed Repair Figure Established	Yes <input type="checkbox"/> No <input type="checkbox"/>	Betterment - Depreciation involved	Yes <input type="checkbox"/> No <input type="checkbox"/>
Repair Facility Supplied with Estimate	Yes <input type="checkbox"/> No <input type="checkbox"/>	Appearance Allowance	Yes <input type="checkbox"/> No <input type="checkbox"/>
Owner Supplied with Estimate	Yes <input type="checkbox"/> No <input type="checkbox"/>	Estimate in Excess of Shop	Yes <input type="checkbox"/> No <input type="checkbox"/>
Vehicle still repairable	Yes <input type="checkbox"/> No <input type="checkbox"/>	Open items for Additional Supplement ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Repairs Complete ?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Additional Down time _____ Days	

Pay Supplement to :  Shop  Owner

**Supplement Amount:** \$ \_\_\_\_\_

Agreed By \_\_\_\_\_ Shop Name \_\_\_\_\_

**Open Amount remaining:** \$ \_\_\_\_\_

Address \_\_\_\_\_ Tax ID \_\_\_\_\_

**Mid Book Value:** \$ \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Comments and Findings:****Total Loss Information**

Estimate Amount: \$ \_\_\_\_\_ Approx Retail ACV: \$ \_\_\_\_\_ Source \_\_\_\_\_ Date \_\_\_\_\_

Evaluation Method Used:  ADP  CCC  VVS  ACVCalled In?  Yes  No Request # \_\_\_\_\_ Evaluation Amount \_\_\_\_\_Prior Damage Amount \_\_\_\_\_ Deducted From Value ?  Yes  No**Prior Damage Details**