



THE MAIN STREET AMERICA GROUP

NGM Insurance Company • Old Dominion Insurance Company
Main Street America Assurance Company • MSA Insurance Company
Information Systems and Services Corporation



NGM Insurance

Vehicle Inspection Fire Checklist

Insured: <input style="width:80%;" type="text"/>	Date of Loss: <input style="width:80%;" type="text"/>	Claim #: <input style="width:80%;" type="text"/>	V.I.N.: <input style="width:80%;" type="text"/>
Our File#: <input style="width:80%;" type="text"/>	Year: <input style="width:80%;" type="text"/>	Make: <input style="width:80%;" type="text"/>	Inspected By: <input style="width:80%;" type="text"/>

VEHICLE IDENTIFICATION

	YES	NO	COMMENTS
V.I.N. Plate Altered/Missing	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width:80%;" type="text"/>
Mylar Sticker Attached (Door) - Matches V.I.N.	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width:80%;" type="text"/>
Gray Market Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width:80%;" type="text"/>

	YES	NO	COMMENTS
Vehicle Fire Status			
Was the point of origin of the fire located	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width:80%;" type="text"/>
Were accelerants found	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width:80%;" type="text"/>
Was the fire electrical in nature	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width:80%;" type="text"/>
Was the mechanical in nature	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width:80%;" type="text"/>
Were burn patterns evident	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width:80%;" type="text"/>
Were there any containers in the vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width:80%;" type="text"/>
Was there any fuel in the tank	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width:80%;" type="text"/>
Were there contents in the glove box or trunk	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width:80%;" type="text"/>
Were the contents damaged	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width:80%;" type="text"/>

VEHICLE CONDITION

	YES	NO	COMMENTS
Old Collision Damage (Repaired or non-repaired)	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width:80%;" type="text"/>
Odometer Damage-5 or 6 digit	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width:80%;" type="text"/>
Mechanical Parts Missing (Explain)	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width:80%;" type="text"/>
Custom Equipment Missing (Explain)	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width:80%;" type="text"/>
Parts Removed Cleanly	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width:80%;" type="text"/>
Excessive Vandalism Damage	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width:80%;" type="text"/>
Engine Seized or Damaged (Explain)	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width:80%;" type="text"/>
Transmission Damage (Explain)	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width:80%;" type="text"/>
Inspection Stick Expired-Date	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width:80%;" type="text"/>

Engine Oil Level and Condition	<input type="checkbox"/>	<input type="checkbox"/>	
Coolant Level and Condition	<input type="checkbox"/>	<input type="checkbox"/>	

	YES	NO	COMMENTS
Photographs			
Photos of the point of origin	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width:80%;" type="text"/>
Photos of the fire pattern	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width:80%;" type="text"/>
SIU			
File should be reviewed by S.I.U.	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width:80%;" type="text"/>

Additional Comments: