



Market Value Report (ACV)

General Information:

Claim#: _____ Vehicle Owner: _____ Date of Inspection: _____
 SCA File#: _____ Adjuster: _____ Mileage _____
 Year: _____ Make: _____ Model: _____ VIN#: _____

Condition:

General Appearance of Vehicle: Excellent Good Fair Poor
 General Appearance of Paint: Excellent Good Fair Poor
 Condition of Tires: (%Worn) LF _____ RF _____ LR _____ RR _____

Vehicle Equipment:

Power Windows Cloth Seats Power Sunroof Fog Lights Running Boards
 Power Locks Leather Seats Nav. System Luggage Rack Alum/Alloy Wheels
 Power Seats Cruise Control Premium Radio Tow Package Manual Transmission
 Additional Options: _____

Dealer Comps:

Comp#1	Year:	Comp#2	Year:	Comp#3	Year:
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Asking _____	Mileage _____	Asking _____	Mileage _____	Asking _____	Mileage _____
Mileage Difference _____ = _____		Mileage Difference _____ = _____		Mileage Difference _____ = _____	
Year Difference _____ = _____		Year Difference _____ = _____		Year Difference _____ = _____	
Adjusted Value _____		Adjusted Value _____		Adjusted Value _____	

Old Damage-Explain: _____ Adjustment _____ Tax Rate _____
 Average _____
 Other Add'l-Explain: _____ Adjustment _____ Adjustments _____
 Tax Total _____
 Other Deduct-Explain: _____ Adjustment _____ Recommended ACV _____

Inspection Remarks: