SCA APPRAISAL COMPANY

Desk Audit Report

Desk Audit Division
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Burbank, CA 91507
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Fax: (800) 544-1332
assignments@sca-appraisal.com

GENERAL CLAIM INFORMATION

INSURANCECARRIER: _____
ADJUSTER: _____
CLAIM NUMBER: _____
SCA FILE NUMBER: _____
SCA AUDITOR: _____

VEHICLE OWNER: _____
VEHICLE YEAR: _____
VEHICLE MAKE: _____
VEHICLE MODEL: _____
DATE OF LOSS: _____

☐ Original Estimate Audit ☐ Supplement Audit

AMOUNT OF ESTIMATE SUBMITTED FOR AUDIT: _____

AUDITED / REVISED ESTIMATE AMOUNT: _____

NET SAVINGS: $_____ _____ **%**

IS AN AGREED PRICE SECURED ON REVISED ESTIMATE?

☐ **YES (If yes, see shop contact info below)**

☐ **No (If no, see comments for additional info)**

AGREED PRICE RE-SECURED WITH:

SHOP: _____
ADDRESS: _____
_____
PHONE: _____
FAX: _____
TAX ID#: _____

AGREED BY: _____

Email Address: _____
REVISED ESTIMATE FAXED/EMAILED TO SHOP?

☐ **YES** ☐ **NO**

COMMENTS: