



Automobile Reinspection Report

Check Appropriate Box

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| <input type="checkbox"/> | Vehicle Re-Inspected DURING Repair Process |
| <input type="checkbox"/> | Vehicle Re-Inspected AFTER Repairs Were Completed |

Claim Number: _____

Insured: _____

Date of Loss: _____

Reinspection Date: _____ Reinspection Location: _____

Original Mileage: _____ Mileage when Reinspected: _____

Model Year _____ Make/ Model _____

VIN NUMBER: _____

Appraisers:
Please complete this form on all physical re-inspections.

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| Are the repairs being completed based on the scope and direction of the original Appraisal? | YES | NO |
| Were parts used in the repair process in accordance with original appraisal? (Aftermarket vs. OEM) (Repaired vs. Replaced) If yes explain below. | YES | NO |
| Were negative adjustments made to parts and labor prior to the addition of supplemental parts and labor? | YES | NO |
| Was Betterment Applied specific to the original appraisal? | YES | NO |
| Is there evidence of improper repairs? If YES Explain below | YES | NO |
| IS/ WAS there evidence of fraudulent repair or fraudulent activity associated with the repair? If YES Explain below. | YES | NO |
| Based on the results of this reinspection, should this repair be reported to the California Bureau of Automotive Repair? | YES | NO |

Comments