



National Customer Service 800-572-8010

Mechanical Breakdown Inspection Report

Claim Information

Client _____ Claim# _____ SCA File # _____ Date of Loss _____

Inspection Information

Inspection Location _____

Street Address _____

City, State, Zip _____

Phone _____

Contact _____

Shop Labor Rate _____

Shop Repair Order # _____ Date Repair Order Opened _____

Is the shop name printed on the repair order? _____

Customer Complaint (i.e. Noise in transmission, etc) _____

State of Assembly (Be specific i.e. Transmission completely disassembled, etc) _____

Related Recalls and TSB's? (Research website <http://www-odi.nhtsa.dot.gov/tsbs/>) _____

Service History records found in vehicle or provided by vehicle owner? _____

If yes, provide findings _____

SCA Inspector _____ Inspector's Cell# _____ Inspection Date _____

Vehicle Information and Status

Vehicle Year _____ Vehicle Make _____ Vehicle Model _____

Vehicle Trim Package (i.e. LS, ST, RS) _____ VIN _____

Vehicle Production Date ___/___/___ Vehicle Lic Plate # _____

Mileage When Inspected _____ **Vehicle Mileage Originally Submitted as** _____

Engine Cylinders, Size and Type (i.e. 8 cyl / 7.3 Liter / Turbo Diesel) ___/___/___

Transmission Speeds and Type _____/_____

Wheel Drive Type _____

Engine Oil Level

Engine Oil Condition _____ (Dropdown)

Oil Filter Brand _____ Oil Sample Taken? _____ (Dropdown)

Oil Change Stickers Observed? _____

Suggested Oil Change Date & Mileage observed on sticker (if applicable) ___/___/___

Coolant Level _____

Coolant Condition _____

Transmission Level _____

