SCA APPRAISAL COMPANY

Subro Review Report

Desk Audit Division
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Burbank, CA 91507
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GENERAL CLAIM INFORMATION

INSURANCECARRIER: saasdsaddas;'k;
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: $_____ _____ **%**

COMMENTS: