



SANTANDER CONSUMER USA COMP / COLLISION REPORT

Serving the Insurance Industry Since 1979

Company:
Company File:
Adjuster:
Insured/Borrower:
D.O.L:

SCA File:
SCA Office Phone
Written By:
Inspection Date/Time:
Vehicle Information:

OBSERVED DAMAGE ESTIMATE

Total Estimate Amount: \$
Deductible Amount: \$
Betterment Taken: \$
Total Net Amount: \$
Open Amount / Possible Supplement: \$
Open Items:

Note: The estimate amount noted above reflects the cost of repairs for Reported / Related damage observed to this vehicle, as reported to SCA. Wear and tear, missing items, as well as unrelated additional damage observed to this vehicle has been listed separately on the right of this report.

VEHICLE VALUE

Appraiser: Please always include a copy of NADA or Kelly Blue Book printout with ALL assignments whether vehicle is a total loss or not

Guide Book Used NADA KBB
Wholesale Adjusted Book Value \$
Retail Adjusted Book Value: \$

Do the damages exceed 80% of the Mid Blue Book Value?

Yes No

If yes, please call in CCC Evaluation using Assurant ID # 26547

CCC Request # _____

Instant Value \$ _____

STORAGE

Is the vehicle collection storage? Yes No
Vehicle Location

Advance Charges:
Collecting Storage at \$ _____ per day, since _____

OVERALL VEHICLE CONDITION

Excellent Average Poor

Paint
Body
Interior
Mechanical

WEAR & TEAR / UNRELATED DAMAGE OBSERVED

NOT INCLUDED IN ESTIMATE

<u>ITEM/AREA</u>	<u>APPROXIMATE AMOUNT</u>
1) _____	\$ _____
2) _____	\$ _____
3) _____	\$ _____
4) _____	\$ _____
5) _____	\$ _____
6) _____	\$ _____
7) _____	\$ _____
8) _____	\$ _____

Appraiser: Please include detailed photos of ALL wear and tear and unrelated items with your report. Do not list wear and tear in your estimate.

SALVAGE BIDS

INCLUDE 3 SALVAGE BIDS ON TOTAL LOSS

<u>SALVAGE BIDDER</u>	<u>Bid</u>
1) _____	\$ _____
2) _____	\$ _____
3) _____	\$ _____
4) _____	\$ _____

COMMENTS

Corporate Offices
3808 W Magnolia
Burbank, CA 91505
Tel: 800-572-8010
Fax: 800-544-1332
Email: info@sca-appraisal.com

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