



AUTO APPRAISER'S FIELD NOTES

Page ____ of ____		Insured				Condition of Vehicle				ALC #				
Date of Loss		Address Of Inspection								Carrier				
Name And Address Of Vehicle Owner										Claim Number				
Year	Make	Model	Style	Color	Home Phone ()				Bus. Phone ()				Date Assigned	Date Inspected
License Number		State	Mileage	VIN									Claims Rep.	Type of Loss COL/RT/COMP/PD

- | | | | | | | | |
|---|---|-----------------------------------|---|--|--------------------------------------|--|---|
| <input type="checkbox"/> AM | <input type="checkbox"/> Power Steering | <input type="checkbox"/> Gas Eng. | <input type="checkbox"/> Automatic Trans. | <input type="checkbox"/> Sun roof (manual) | <input type="checkbox"/> Wire Wheels | <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Tinted Glass |
| <input type="checkbox"/> AM/FM | <input type="checkbox"/> Brakes | <input type="checkbox"/> Diesel | <input type="checkbox"/> 3 speed (manual) | <input type="checkbox"/> Sun roof (power) | <input type="checkbox"/> Alloy | <input type="checkbox"/> Radial Tires | <input type="checkbox"/> Vinyl top |
| <input type="checkbox"/> AM/FM Stereo | <input type="checkbox"/> Windows | <input type="checkbox"/> 4 Cyl. | <input type="checkbox"/> 4 speed (manual) | <input type="checkbox"/> Sun roof (glass) | <input type="checkbox"/> Wire covers | <input type="checkbox"/> Tilt steering wheel | <input type="checkbox"/> Tele-Wheel |
| <input type="checkbox"/> Tape (in dash) | <input type="checkbox"/> Seats | <input type="checkbox"/> 6 Cyl. | <input type="checkbox"/> 5 speed (manual) | <input type="checkbox"/> Sun roof (steel) | <input type="checkbox"/> Custom | <input type="checkbox"/> Two-Tone Paint | <input type="checkbox"/> Cruise Control |
| <input type="checkbox"/> CB (in dash) | <input type="checkbox"/> Door Locks | <input type="checkbox"/> 6 Cyl. | | <input type="checkbox"/> T-Top | | <input type="checkbox"/> Roof Rack | <input type="checkbox"/> Burglar alarm |
| <input type="checkbox"/> Other | | | | <input type="checkbox"/> Moon roof | | | <input type="checkbox"/> Rear Defroster |

Repairs	Repair	Description of Repairs	Ref.	Parts	Allowed Labor	Sublet Net
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						

For the total repair cost of \$ _____ the undersigned agrees to complete and guarantee all loss repairs to the above vehicle.

Firm Name		Phone No. ()
Address		Shop Reg. #
Signature		<input type="checkbox"/> Driveable <input type="checkbox"/> Non Driveable
NO SUPPLEMENTS WITHOUT PRIOR APPROVAL <i>This is not an authorization to repair.</i> Authorization must be obtained from the vehicle owner.		No. Days to Repair
		<input type="checkbox"/> Motors <input type="checkbox"/> Mitchell
License No.	Phone No. ()	Date / /