Personal Watercraft

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Valuation Request Form Office ID Number: Company: Claim Rep Name: Email: Car Fax Requested: Phone / Fax: Calculate Sales Tax: License Fee Amount: Deductible: _____ Salvage Value: Salvage Bid Requested: Claim Ref #: Date Of Loss: Type Of Loss: Insured Phone / Contact: Owner / Insured: City / State / Zip: Appraiser Company: Appraiser Name: Appraiser Phone / Email: Appraisal Amount: ACV Amount: HIN: Engine: Model: Model: Type: Previous Salvage/Branded Title: **Options** Conditions Components Deluxe Handle Bars **Interior** Paint Mirrors Hours Cover Seats Body Fan Tail Propulsion Ride Plate Engine High Flow Impeller High Pro Exhuast **Trailer Exhaust Silencer** Overall Intake Grate Trailer: Other Items: Refurbishments Date/Cost Prior Damage Description Amount SEND PHOTOS IF Condition Ratings: 1 = Excellent 2 = Above Average 3 = Average 4 = Below Average 5 = Poor PLEASE **AVAILABLE**