



Specialty Vehicle

1.888.475.9975 Phone

www.vvsi.com

Valuation Request Form

1.888.475.9935 Fax

general@vvsi.com

Office ID Number: _____ Company: _____

Claim Rep Name: _____ Email: _____

Phone / Fax: _____ Calculate Sales Tax: _____ Car Fax Requested: _____

License Fee Amount: _____ Deductible: _____

Salvage Value: _____ Salvage Bid Requested: _____ Claim Ref #: _____

Type Of Loss: _____ Date Of Loss: _____

Owner / Insured: _____ Insured Phone / Contact: _____

City / State / Zip: _____

Appraiser Company: _____ Appraiser Name: _____

Appraiser Phone / Email: _____ Appraisal Amount: _____ ACV Amount: _____

VIN:

Year: _____ Make: _____ Model: _____

Type: _____ Engine: _____ 4WD: _____ AWD: _____ Previous Salvage/Branded Title: _____

Transmission: _____ Overdrive: _____ Package (If Applicable): _____ Mileage: _____

Options

Power Options	Safety Equipment	Limousine Options
Power Windows	Theft Deterrent	Dual Axle
Power Locks	Disc Brakes:	Sunroof _____
Power Driver Seat	ABS:	Electric Wet Bar
Power Passenger Seat	Air Bags:	Extended Doors
Power Mirrors		Intercom
Power Trunk		Jacuzzi
		Widebody
Convenience Options	Police & Taxi Options	Conditions
A/C	Fog Lights	Interior
Cruise Control	2 Way Radio	Seats
Radio: _____	Divider	Dash
	Dual Spot Light	Carpet
Premium Sound _____	Gun Rack	Headliner
Compact Disc: _____	Light Bar	Exterior
Heated Seats	Siren	Body
Headlight Washers	Spot Light	Paint
Tinted Glass	Flashers	Glass
Heated Mirrors	Limousine Options	Drivetrain
Towing Equipment	Limousine Conversion _____	Engine
Décor Equipment	Limousine Conversion Model _____	Transmission
Interior Trim	Stretch Length _____	Tires
	Partition	Front Tire Wear Remaining _____ %
	DVD	Rear Tire Wear Remaining _____ %
	Rear Radio: _____	Other Items: _____
Wheel Type _____	Rear Prm Sound _____	_____
Factory Wheels	Rear Comp Disc: _____	_____
Third Seat		_____
Roof Type _____		_____
Spoiler	Dual A/C	

Refurbishments _____ Date/Cost _____ Prior Damage Description _____ Amount _____