

# D.O.I. Insurer Inspection Report

|                     |                      |                    |                      |
|---------------------|----------------------|--------------------|----------------------|
| Date of Inspection: | <input type="text"/> | Inspected by:      | <input type="text"/> |
| Claim Number:       | <input type="text"/> | Shop Name or None: | <input type="text"/> |
| Owner's Last Name:  | <input type="text"/> | Inspected at:      | <input type="text"/> |

- a. Parts not replaced
- b. Damage enhanced
- c. Billed for repairs not done
- d. Possible recycled
- e. Non-oem parts used
- f. Parts repaired not replaced
- g. Parts estimated not replaced or repaired
- h. Duplicate item billed
- i. Other \*

### Fill-out Instructions:

Select all the conditions that apply on the list on left, a to i, then put the number of items selected in the Total Number of Fraud and Inconsistencies box below.

If your inspection finds no fraud/inconsistencies then please put 0 (zero) in the box and provide a comment that "No problems found."

\*Explanation of Other:

Total Number of Fraud and Inconsistencies Found /Corrected

Provide any additional comments or explanations regarding the results of the reinspection:

- Referred Owner to B.A.R.
- Legal Action Taken

The preferred method to submit this form is by *Email*.  
[kkobylski@wawanesa.com](mailto:kkobylski@wawanesa.com) Subject: (claim#) DOI Report  
However, if you must mail it, please address to:  
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