



Vehicle Inspection Report

Claim Number	Claim Representative	Claim Unit	
Owner	Claim Rep Phone Number	Claim Rep Fax Number	
Insured	Loss Code	Date of Loss	Date Reported
Location Address	Phone Number	Storage \$ _____ Per Day	Towing \$ _____
Cause of Loss <input type="checkbox"/> Collision <input type="checkbox"/> Theft <input type="checkbox"/> Flood <input type="checkbox"/> Vandalism <input type="checkbox"/> Hail <input type="checkbox"/> Fire <input type="checkbox"/> Other _____	Stock Number		

Vehicle Description

Year	Make	Model	Series	Body Style	License Plate Number	Expiration Date	State
VIN					Exterior Color	Interior Color	
Engine Disp.	No. Cyl. <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Turbo/Supercharged <input type="checkbox"/> Electric			Transmission <input type="checkbox"/> Auto <input type="checkbox"/> Manual	Speeds <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6		
Mileage	Tires: Mfg:	Size:		% of Wear LF LR RF RR SP			
Cab Type <input type="checkbox"/> Reg. Cab <input type="checkbox"/> Ext. Cab <input type="checkbox"/> Crew Cab	Box Size	Box Type <input type="checkbox"/> Styleside <input type="checkbox"/> Stepside	Load/Rating <input type="checkbox"/> ½ ton <input type="checkbox"/> ¾ ton <input type="checkbox"/> 1 ton				
Van Type <input type="checkbox"/> Passenger <input type="checkbox"/> Cargo <input type="checkbox"/> Regular <input type="checkbox"/> Extended	Conversion Name						

Vehicle Equipment

Accessories <input type="checkbox"/> Power Steering <input type="checkbox"/> Power Brakes <input type="checkbox"/> Power Windows <input type="checkbox"/> Power Locks <input type="checkbox"/> Power Mirrors <input type="checkbox"/> Cruise Control <input type="checkbox"/> Tilt Wheel <input type="checkbox"/> Air Cond. <input type="checkbox"/> Dual Air Cond. <input type="checkbox"/> Anti-Lock Brakes <input type="checkbox"/> 4 Wheel Disc Brakes <input type="checkbox"/> 4 Wheel Steering <input type="checkbox"/> Air Bag - Driver <input type="checkbox"/> Air Bag - Other <input type="checkbox"/> Power Antenna <input type="checkbox"/> Rear Wiper <input type="checkbox"/> Rear Spoiler <input type="checkbox"/> Remote Trunk Rls.	Other Accessories <input type="checkbox"/> AM Radio <input type="checkbox"/> AM/FM Stereo <input type="checkbox"/> AM/FM Cass <input type="checkbox"/> AM/ FM Cass/CD <input type="checkbox"/> CD Player <input type="checkbox"/> CD Changer <input type="checkbox"/> Equalizer <input type="checkbox"/> Alarm System <input type="checkbox"/> Remote Starter <input type="checkbox"/> Keyless Entry <input type="checkbox"/> Navigation System <input type="checkbox"/> DVD Player <input type="checkbox"/> GPS <input type="checkbox"/> VCR <input type="checkbox"/> Center Console <input type="checkbox"/> Overhead Console	Seats <input type="checkbox"/> Power Seat <input type="checkbox"/> Dual Power Seat <input type="checkbox"/> Heated Seats <input type="checkbox"/> Lumbar Adj. <input type="checkbox"/> Split <input type="checkbox"/> 60/40 <input type="checkbox"/> Bucket <input type="checkbox"/> Cloth/Velour <input type="checkbox"/> Leather <input type="checkbox"/> Vinyl <input type="checkbox"/> Captain Chairs <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 6 Glass <input type="checkbox"/> Heads Up Display <input type="checkbox"/> Heated W/S <input type="checkbox"/> Heated Back Glass <input type="checkbox"/> Tinted Glass <input type="checkbox"/> Privacy Glass	Roof <input type="checkbox"/> Vinyl Top <input type="checkbox"/> Luggage Rack <input type="checkbox"/> Roll Bar/Light Bar <input type="checkbox"/> Convertible Top <input type="checkbox"/> Sunroof - Power <input type="checkbox"/> Sunroof - Manual <input type="checkbox"/> Sunroof - Pop-Up Trucks/Vans <input type="checkbox"/> Television <input type="checkbox"/> Sliding Rear Window <input type="checkbox"/> Power Rear Window Drivetrain <input type="checkbox"/> 2 WD <input type="checkbox"/> 4 WD <input type="checkbox"/> Auto Lock Hubs <input type="checkbox"/> Manual Lock Hubs	Bumpers <input type="checkbox"/> Rear Step <input type="checkbox"/> Tube <input type="checkbox"/> Chrome <input type="checkbox"/> Chrome Step Wheels <input type="checkbox"/> Custom Wheels <input type="checkbox"/> Wire Wheel Covers <input type="checkbox"/> Aluminum/Alloy <input type="checkbox"/> Chrome <input type="checkbox"/> Styled Steel <input type="checkbox"/> Dual Rear Wheels Suspension <input type="checkbox"/> Trailer Tow Package <input type="checkbox"/> Off Road Package <input type="checkbox"/> Camper Special	Other <input type="checkbox"/> Grille Guard <input type="checkbox"/> Fog Lights <input type="checkbox"/> Winch <input type="checkbox"/> Camper Shell <input type="checkbox"/> Bed Liner <input type="checkbox"/> Spray-in Bed Liner <input type="checkbox"/> Rear Tool Box <input type="checkbox"/> Aux. Tank <input type="checkbox"/> Hydraulic Liftgate <input type="checkbox"/> Lift Kit <input type="checkbox"/> Ground Eff Package <input type="checkbox"/> Trailer Hitch <input type="checkbox"/> Running Boards Paint <input type="checkbox"/> 2-Tone <input type="checkbox"/> Custom <input type="checkbox"/> Graphics
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Use this space to explain or describe Equipment/Accessories listed above and/or list and describe additional Equipment/Accessories.

Radio: OEM Non-OEM Brand _____ Model No. _____

Cellular Phone: OEM Non-OEM Brand _____ Model No. _____

Paint: Original Repaint (+/-) \$: _____

Pre-Loss Condition

Interior: *(Explain if other than average condition for year, make and model)*

	Above Average	Average	Below Average
Seats: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carpets: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glass: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dash: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headliner: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Exterior: *(Explain if other than average condition for year, make and model)*

Sheet Metal: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paint: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trim: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mechanical: *(Explain if other than average condition for year, make and model)*

Engine: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transmission: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Prior Damage: Yes No **Prior Damage Estimate Written:** Yes No Amount \$ _____

Overall Condition: Above Average Average Below Average

Inspected By Date