



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

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: <i>(Explain if other than average condition for year, make and model)</i>	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: <i>(Explain if other than average condition for year, make and model)</i>			
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: <i>(Explain if other than average condition for year, make and model)</i>			
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