



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 (+/-) \$: _____

