

Please fix the following input errors:

- dummy

Claim Information

Claim Number *

Policy Number

Insurance Company *

Adjuster *

Date Of Loss

Whose Claim

Owner Name

Insured Name

Claimant Name

Claim Age

Inspection Location

Appraisal Information

File Number *

Appraiser

Reinspector

Loss Type *

Inspection Date

Assigned Date/Time

Assignment Type *

ERT (Days)

Possible Supplement

Vehicle Information

Year *

Vehicle Make *

Vehicle Model *

Sub Model

VIN

Plate

State

Vehicle Milege

Drivable Yes No Unknown

Damage Location

Primary POI

Secondary POI

Vehicle Condition

Interior Condition

Paint Condition

Engine

Repair Information

Recommendation

Estimate 1 Total

Estimate 2 Total

Estimate 2 Betterment

Supplement 1 Total

Supplement 1 Betterment

Supplement 2 Total

Supplement 2 Betterment

Supplement 3 Total

Supplement 3 Betterment

Supplement 4 Total

Supplement 4 Betterment

Subtotal

Deductible

Total

Original Net Loss

Supplement Net Loss

Tire Information

Make
Size
Tread Depth (in 32nds)
L/F
L/R
R/F
R/R

Spare

Miscellaneous

Towing Charges
Storage Per Day
Days
Approximate Total
Rental Vehicle
Rental Max Days
Rental Max Amount
Total Rental Potential Cost
Actual Rental Days
Actual Rental Amount

Claim Remarks:

Shop Information

Shop Name
Address 1
Address 2
City
State
Zip
Phone
Fax
Aggreed Price
Federal Tax ID #