

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 #