

View Claim Summary

Address Line 1:4195 Chino Hills Pkwy Unit E PMB 446
Address Line 2:
City:Chino Hills
State:California
Zip:91709

Claim Information

Claim Number: test bms claim1
Policy Number:
Insurance Company: Test BMM Company
Adjustor: Adjuster First Adjuster Last
Date Of Loss: 0000-00-00
Whose Claim: Insured
Owner Name:
Insured Name: hh jkh
Claimant Name:
Claim Age: 0 days 0 hours 38 minutes
Inspection Location:

Appraisal Information

File Number: 012220151713041
Appraiser: Brandon Martini
Reinspector: No Reinspector Assigned
Loss Type: Collision
Inspection Date: 0000-00-00
Assigned Date/Time: 2015-01-22 17:14:02
Assignment Type: Full Appraisal
ERT Days:
Possible Supplement:

Vehicle Information

Year: 1223
Vehicle Make: Armstrong-Siddeley
Vehicle Model: 100
Sub Model:
VIN:
Plate:
State:

Mileage:
Drivable: Unknown
Damage Location:
Primary POI:
Secondary POI:
Vehicle Condition: Unknown
Interior Condition:
Paint Condition:
Engine:

Repair Information

Recommendation: Repairable
Estimate 1 Total: 12
Estimate 1 Betterment: 0
Estimate 2 Total: 0
Estimate 2 Betterment: 0
Supplement 1 Total: 0
Supplement 1 Betterment: 0
Supplement 2 Total: 0
Supplement 2 Betterment: 0
Supplement 3 Total: 0
Supplement 3 Betterment: 0
Supplement 4 Total: 0
Supplement 4 Betterment: 0
Subtotal: 12
Deductible: 0
Total: 12

Original Net Loss: 12
Supplement Net Loss: 0

Tire Information

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

Spare:

Shop Information

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

Miscellaneous

Towing Charges: 0
Storage Per Day: 0
Days: 0

Approximate Total: 0

Rental Vehicle: Unknown
Total Rental Potential Cost: 0

Actual Rental Days: 0
Actual Rental Amount: 0

Claim Remarks: fgfdmklfgdxjlk.fdjm;kfd glfd' lg fdl 'glfd' l;gdf' d ff'