

NO LOGO
AVAILABLE

Test Appraisal Branch
123456 Replace St, Chino
California, United States
91709

Claim Information

Claim Number : da-4
Policy Number :
Insurance Company : State Farm Insurance
Companies
Adjuster : Jimmy Range
Date of Loss : -0001-11-30
Whose Claim : Claimant
Owner Name
Insured Name : GF F
Claimant Name
Claim Age : 2013-06-06 11:41:14
Inspection Location :

Appraisal Information

File Number : 06062013-100009
Appraiser : testapr1 testapr1
Reinspector : Not Assigned
Loss Type : Comprehensive
Inspection Date :
Assigned Date/Time :
Assignment Type : Scene Investigation
ERT (Days) :
Possible Supplement :

Vehicle Information

Year :
Make : Audi
Model : Cabriolet
Sub-model :
VIN :
Plate :
State :
Milage :
Drivable : Unknown
Primary POI :
Secondary POI :
Vehicle Condition :
Interior Condition :
Paint Condition :
Engine :

Repair Information

Recommendation :
Estimate 1 Total :
Estimate 2 Total :
Estimate 1 Betterment :
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 : 0.00
Total :
Original Net Loss :
Supplement Net Loss :

Tire Information

Make :
Size :
Tired Depth (in 32nds)
L ? F R?/?F
L ? R R?/?R
Spare :

Shop Information

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

Miscellaneous**Claim Remarks**

Towing Charges :

Storage Per Day :

Days :

Approximate Total :

Rental Vehicle : none

Total Rental Potential Cost :

Actual Rental Days :

Actual Rental Amount :

Style