

**Vehicle Inspection / Worksheet**

Date \_\_\_\_\_ Tag No. \_\_\_\_\_ Vehicle \_\_\_\_\_ Mileage \_\_\_\_\_

Year \_\_\_\_\_ Make / Model \_\_\_\_\_ Year Produced \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Fax \_\_\_\_\_

Repair Description \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

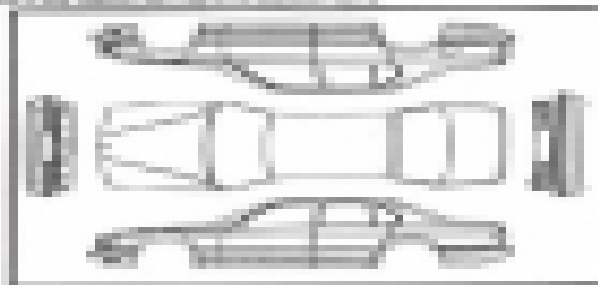
USE VEHICLE DIAGRAM FOR DAMAGE LOCATION

**X** - Glass damage, scratch, dent, or glass damage

**D** - Dented

**F** - Faded

**Other** (Specify location/damage type)  
 (Specify location/damage type)



OTHER DAMAGE TO VEHICLE (SEE INSTRUCTIONS)

THIS FORM IS TO BE USED TO REPORT DAMAGE TO A VEHICLE THAT IS SUBJECT TO AN INSURANCE POLICY. IT IS NOT TO BE USED TO REPORT DAMAGE TO A VEHICLE THAT IS NOT SUBJECT TO AN INSURANCE POLICY. DAMAGE TO A VEHICLE THAT IS NOT SUBJECT TO AN INSURANCE POLICY SHOULD BE REPORTED TO THE POLICE AND THE INSURANCE COMPANY. DAMAGE TO A VEHICLE THAT IS SUBJECT TO AN INSURANCE POLICY SHOULD BE REPORTED TO THE INSURANCE COMPANY. DAMAGE TO A VEHICLE THAT IS SUBJECT TO AN INSURANCE POLICY SHOULD BE REPORTED TO THE INSURANCE COMPANY. DAMAGE TO A VEHICLE THAT IS SUBJECT TO AN INSURANCE POLICY SHOULD BE REPORTED TO THE INSURANCE COMPANY.

Insurer Name (Agency) \_\_\_\_\_ Professional/Insurer Name \_\_\_\_\_

Date: 1/1/2000 Insurance and Management System \_\_\_\_\_

**#7295 (Form #AVW)**