

AUTOMOBILE APPRAISAL FORM

Our File Number

VEHICLE OWNER				PHONE NUMBER				DATE OF APPRAISAL Day Mo. Yr.				
				Bus.		Res.						
INSURANCE COMPANY				FILE/CLAIM NUMBER		REPAIRER NAME & ADDRESS						
ADJUSTER		DATE OF LOSS			VEHICLE MAKE			YEAR	MODEL			
		Day	Mo.	Yr.								
LICENCE PLATE NO. & PROV.				VIN NO.							ODOMETER READING	
											<input type="checkbox"/> Mi.	<input type="checkbox"/> Km.
Repair	Replace	Description of Work to be done			Labour Hours	Part No.			Part Price	Sublet		
Remarks						TOTALS						
					Labour: ----- Hrs. \$ ----- /Hr.							
					Parts: \$ ----- less ----- % \$ -----							
					Tax ----- %							
					Towing-----							
Appraiser					Less Recoverable GST/HST/QST-----							
I authorize to repair vehicle according to repair cost as itemized. Customer's Signature:					Total Repair Cost-----							
					Less Deductible							
The undersigned agrees to complete and guarantee all the repairs to the above vehicle as per appraisal. Repairman's Signature:					Betterment Prior Damage							
					Add: Appearance Allowance							
					NET TOTAL							
The repairs have been completed. I authorize the company to make payment of \$ to the above repair shop on my behalf. Customer's Signature:												

THIS APPRAISAL IS VALID ONLY FOR 30 DAYS FROM DATE OF APPRAISAL. PARTS SUBJECT TO MANUFACTURER'S WARRANTY.