# RAND ADJUSTMENT BUREAU

P.O. BOX 5151, BRADFORD, MA 01835-5151
TEL. 978/373-5063 FAX 978-372-2439

***INDEPENDENT APPRAISERS FOR INSURANCE COMPANIES***

CL#

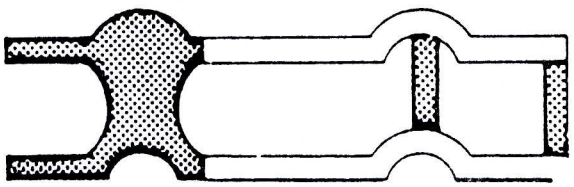
**VEHICLE DAMAGE APPRAISAL**
*(SECTION 1)*

| Date Assigned | First Contact | Date Appraised | Policy Claim No. or File No. |
|---|---|---|---|
| | | | |

| Insured | Location of Inspection | | | Color |
|---|---|---|---|---|
| Claimant | Year | Make | Model | Style |
| Address | License No. | Serial No. | | |
| City State | Home Phone | Bus. Phone | | Mileage |
| Appraiser License No. | Date of Loss | Insurance Co. | | Agent |

| Replace | Repair | ☐ STEREO ☐ CASSETTE ☐ 3,4,5 SPEED ☐ 4WD ☐ VINYL ROOF ☐ SUNROOF ☐ REAR DEFOGGER ☐ POWER WINDOWS ☐ POWER SEATS ☐ TILT WHEEL ☐ CRUISE CONTROL ☐ ROOF RACK ☐ A/C ☐ AUTO TRANS. ☐ POWER STEER. ☐ POWER BRAKES ☐ POWER LOCKS ☐ ENGINE 4,6,8 | Paint | Labor | Parts | Sublet |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| D.I.V. $ | | Days to Repair | Condition of Car Prior to Accident | | TOTALS | |

**Direction of Impact (Indicate by Arrow).**



INDICATE DAMAGE BY "X" AT DAMAGE AREA

SHADED AREAS IN DIAGRAM ARE USUALLY REPLACEABLE IF DAMAGE IS BEYOND REPAIR.

☐ FRAME ☐ UNITIZED

| | | |
|---|---|---|
| **Labor** | **Hrs. @** | |
| Parts | Less % | |
| Sublet | | |
| Towing | | |
| Tax | % X | |
| TOTAL | | |
| Discount/Depreciation | | |
| **TOTAL** | | |

Supplemental Repair Charges may be rejected unless approved.
Undersigned agrees to complete and guarantee the above repairs to the above vehicle.

Firm Phone

Address

City State Zip

By

**THIS IS NOT AN AUTHORIZATION TO REPAIR. AUTHORIZATION MUST BE OBTAINED FROM VEHICLE OWNER.**