

## AUTOMOBILE APPRAISAL FORM

Our File Number

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