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	MODEL
	Day	Mo.	Yr.			

LICENCE PLATE NO. & PROV.	VIN NO.	ODOMETER READING
		☐ Mi. ☐ Km.

Repair	Replace	Description of Work to be done	Labour Hours	Part No.	Part Price	Sublet
Remarks				TOTALS		

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:

Labour: ---------- Hrs. $ ---------- /Hr.

Parts: $ ---------- less ---------- % $ ----------

Tax ---------- %

Towing----------

Less Recoverable HST----------

Total Repair Cost----------

Less Deductible

Betterment

Prior Damage

Add: Appearance Allowance

NET TOTAL

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