

View Appraisal Company Invoice [File No:11192016-1072015054213]

Invoice From**Invoice To**

Select Ability

Insurance Company Name :Test Ins Company**Address:** MUKUT NAGAR, DURG**CITY:** BHILAI**STATE:** Arkansas**Zip:** 23333**TPA Company Name :**rtr

Fee Information

Appraisal Fee: \$56465**Photos Fee:** \$**Milage Fee:** \$**Office Fee:** \$**Misc Fee:** \$**Fee Subtotal:** \$56465**Sales Tax Rate:** \$**Sales Tax Total:** \$0**Total Invoice Amount:** \$56465**Memo:**

Claim/Vehicle Information

File Number: 11192016-1072015054213**Claim Number:** other-2**Owner Name:****Vehicle Year:** 3343**Vehicle Make:** Alfa Romeo**Vehicle Model:** Quadrifoglio**Vehicle Vin:****Vehicle Plate:****Paid:** No**Date Paid:** 0000-00-00**Check Number:****Check Amount:** \$0.00