



Address Line 1:566 Johnson

Address Line 2:address 2666

City:Chicago111

State:California

Zip:00210

General Information

File Number * :12152015-S2
Claim Number * :testtes
Policy Number :
Policy Limit :
Deductible Waived? :
Deductible :
Claim Creation Date :2014-12-15 00:00:00
Date Of Loss :0000-00-00
Assignment Type * :Full Appraisal
Loss Type * :Collision
Claim Report Date :0000-00-00
Whose Claim * :Insured
Coverage Verified :
Type Of Coverage :

Owner Information

Owner First Name :
Owner Last Name" :
Address Line 1 :
Address Line 2 :
City :
State :
Zip :
Home Number :
Work Number :
Cell Number :
Fax :
Email :

Claimant Information

Claimant First Name :
Claimant Last Name :
Address 1 :
Address 2 :
City :
State :
Zip :
Cell Number :
Home Number :
Work Number :
Fax Number :

Ordered By

Insurance Company : C
Company Branches : B
Address1 :
Address2 :null
City :
State :
Zip :
Adjuster * :
Phone :
Fax :
Email :a@ff.nm
TPA Company :rtr
TPA Company Branch :
Address 1 :
Address 2 :
City :
State :
Zip :
Adjuster :
Phone :
Fax :
Email :

Insured Information

Insured First Name * :asdfsadf
Insured Last Name * :asdfsadf
Address1 * :asdfsadf
Address2 :
City * :asdfsadf
State :Louisiana
Zip :32452
Home Number :
Work Number :
Cell Number :
Fax Number :

Email :

Vehicle Information

Year * :2345
Vehicle Make * :British Leyland
Vehicle Model * :P10
Sub Model :asdfsaf
VIN :asdfsadf
Lien Holder :
Vehicle Color :
Plate Number :asdfsadf
Country :United States
State :Louisiana
Vehicle Mileage :345
Vehicle Style :
Drivable :Yes
Condition :

Additional Information

Primary POI :asdfsad
Secondary POI :asdfsadf
Vehicle Condition :New
Interior Condition :asdfsadf
Paint Condition :asdfsadf
Engine :asdfsadf
Pay Code :
Storage :Unknown
Permission To Move :Unknown
Rental Vehicle :No
Rental Max Days :
Rental Max Aount :

Accident and Damage Information:

Email :

Vehicle Location

Different Location :
Location Name :
Address1 * :asdfsadf
Address2 :
City * asdfsadf
State * : Louisiana
Zip * :32452
Phone Number :
Email :

Tire Information**Tread Depth (in 32nds):**

Make :asdfsadf
Size :asdfsadf
L/F :23 R/F :34
L/R :23 R/R :24
Spare :35

Repair Information

Shop Name :asdfsadf
Address 1 :asdfsadf
Address 2 :asdfsadf
City :23452354
State Connecticut
Zip 23553
Phone :(234)
523-4523
Fax :(234)
523-4523
Aggreed Price :Yes
Federal Tax ID # :asdfsad
ERT (Days)
Possible :asdfsadf
Supplement
Original Net Loss :
Supplement Net :
Loss

Special Instruction :
Damage Description
Prior Damage :Unknown
Accident Description :
Claim Reported By :
Phone Number :
Driver Name :
Address1 :
Address2 :
City :
State
Country United States
Zip :
Email :
Drivers Licence Number :
Drivers Licence State :
Drivers Licence Country :

Passengers And Witnesses

Name Phone Number Type Statement Relationship

Authority Contacted :
Phone Number :
By Whom :
Report Number :

Appointment/Loss Information

Vehicle Appointment Setup :
Appointment Date/Time :
Recommendation :
Total Loss : No

Guidelines

Timmy's Appraisals :my testing edit company APP COMPANY GUIDELINES(bb)
:
CFS Company :

Producer and Policy Information

Producer Company Name :
Agent Name :
Producer Address1 :
Producer Address2 :
City :
Zip :
State
Country :United States
Phone :
Email :

Web Address	:
Policy Number	:
Policy Effective Date	:0000-00-00
Policy Expiration Date	:0000-00-00
Bodiy Injury-Per Person	:
Bodily Injury-Per Accident	:
Property Damage	:
Single Limits	:
Medical Payment Limits	:
OTC Deductible	:
Collision Deductible	:
Unrelated Bodily Injury - Per Person	:
Unrelated Bodily Injury - Per Accident	:
Uninsured Motorist Property Damage	:
Loss Payee	:
Contact Name	:
Address1	:
Address2	:
City	:
Zip	:
State	:
Country	:United States
Phone	:
Fax	:
Email	: