

Appraisal Information

Appraisal Status	AS A RETURN TO
Appraisal Type	TEST ADJ
Appraisal Date	2013-05-22
Appraisal Time	21:49:40
Appraisal Location	TEST ADJ
Appraisal Agent	TEST ADJ
Appraisal Agent Phone	TEST ADJ
Appraisal Agent Email	TEST ADJ
Appraisal Agent Address	TEST ADJ
Appraisal Agent City	TEST ADJ
Appraisal Agent State	TEST ADJ
Appraisal Agent Zip	TEST ADJ
Appraisal Agent Country	TEST ADJ
Appraisal Agent Fax	TEST ADJ
Appraisal Agent F1	TEST ADJ
Appraisal Agent F2	TEST ADJ
Appraisal Agent F3	TEST ADJ
Appraisal Agent F4	TEST ADJ
Appraisal Agent F5	TEST ADJ
Appraisal Agent F6	TEST ADJ
Appraisal Agent F7	TEST ADJ
Appraisal Agent F8	TEST ADJ
Appraisal Agent F9	TEST ADJ
Appraisal Agent F10	TEST ADJ
Appraisal Agent F11	TEST ADJ
Appraisal Agent F12	TEST ADJ
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Appraisal Agent F94	TEST ADJ
Appraisal Agent F95	TEST ADJ
Appraisal Agent F96	TEST ADJ
Appraisal Agent F97	TEST ADJ
Appraisal Agent F98	TEST ADJ
Appraisal Agent F99	TEST ADJ
Appraisal Agent F100	TEST ADJ

Test Insurance Branch

,
, United States

Claim Information

Claim Number : ins branch admin - tpa
Policy Number : 65
Insurance Company : Test Insurance Company
Adjuster : testinsadj2 testinsadj2
Date of Loss : -0001-11-30
Whose Claim : Insured
Owner Name : owner owner
Insured Name : asdf wer]
Claimant Name : asdf wer]
Claim Age : 2013-05-22 21:49:40
Inspection Location :

Appraisal Information

File Number : 05222013-1000021
Appraiser : Not Assigned
Reinspector : Not Assigned
Loss Type : Collision
Inspection Date :
Assigned Date/Time :
Assignment Type : Full Appraisal
ERT (Days) :
Possible Supplement :

Vehicle Information

Year : 2013
Make : Ford
Model : Mustang
Sub-model :
VIN :
Plate :
State :
Milage :
Drivable : Unknown
Primary POI :
Secondary POI :
Vehicle Condition :
Interior Condition :
Paint Condition :
Engine :

Repair Information

Recommendation :
Estimate 1 Total :
Estimate 2 Total :
Estimate 1 Betterment :
Estimate 2 Betterment :
Supplement 1 Total :
Supplement 1 Betterment :
Supplement 2 Total :
Supplement 2 Betterment :
Supplement 3 Total :
Supplement 3 Betterment :
Supplement 4 Total :
Supplement 4 Betterment :
Subtotal :
Deductible : 665.00
Total :
Original Net Loss :
Supplement Net Loss :

Tire Information

Make :
Size :
Tired Depth (in 32nds)
L ? F R?/?F
L ? R R?/?R
Spare :

Shop Information

Shop Name :
Address 1 :
Address 2 :
City :
State :
Zip :
Phone Number :
Fax :
Agreed Price :
Federal Tax ID # :

Miscellaneous**Claim Remarks**

Towing Charges :

Storage Per Day :

Days :

Approximate Total :

Rental Vehicle : none

Total Rental Potential Cost :

Actual Rental Days :

Actual Rental Amount :

Style