

## VEHICLE INSPECTION REPORT

Claim Number

Agency

Date of Accident

Policy Number

To:

On \_\_\_\_\_, 20\_\_\_\_\_, I personally examined the vehicle below which was involved in an accident on \_\_\_\_\_. Identification and examination was made at \_\_\_\_\_.

Owner:

Owner Address:

Year:

Make:

Model:

VIN:

License Nbr:

Body Style:

Color:

Does the data above match that on the registration card? \_\_\_\_\_

Condition of Equipment and Vehicle: \_\_\_\_\_

Purposes for which Vehicle is Used: \_\_\_\_\_

Marks Indicating Recent Accidents: \_\_\_\_\_

### OTHER REMARKS

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Signature

Date