



# Vehicle Damage Report

DATE: \_\_\_\_\_ CLAIM # \_\_\_\_\_

YR/MAKE/MODEL \_\_\_\_\_

MILEAGE \_\_\_\_\_

FUEL LEVEL \_\_\_\_\_

ABS LIGHT ON? \_\_\_\_\_

AIR BAG LIGHT ON? \_\_\_\_\_

CHECK ENGINE LIGHT ON? \_\_\_\_\_

OTHER DASH INDICATORS ON? \_\_\_\_\_

A/C WORKING? \_\_\_\_\_

RADIO WORKS? \_\_\_\_\_

LICENSE PLATES PRESENT? \_\_\_\_\_

### VEHICLE CONDITION:

INTERIOR: \_\_\_\_\_ EXTERIOR: \_\_\_\_\_

CUSTOMER CONCERNS: \_\_\_\_\_

CUSTOMER ACKNOWLEDGEMENT: X \_\_\_\_\_

