

AUTOMOBILE APPRAISAL

VEHICLE DESCRIPTION

Model Year	Make	Model
VIN		Current Odometer Reading (km)

Place and Date of Appraisal _____

Name of Appraiser _____

This vehicle has been involved in an accident. Date of loss _____

This appraisal reflects the value as before the accident occurred.

POWER BRAKES <input type="checkbox"/> POWER WINDOWS <input type="checkbox"/> POWER STEERING <input type="checkbox"/> POWER SEATS <input type="checkbox"/> TILT WHEEL <input type="checkbox"/> CRUISE CONTROL <input type="checkbox"/> AIR CONDITIONING <input type="checkbox"/>	TRANSMISSION AUTOMATIC <input type="checkbox"/> SPEED STANDARD <input type="checkbox"/> OVERDRIVE <input type="checkbox"/> RADIO <input type="checkbox"/> AM/FM STEREO <input type="checkbox"/> 8 TRACK <input type="checkbox"/> CASSETTE <input type="checkbox"/>	INTERIOR DASH PAD _____ SEATS _____ CARPET _____ HEADLINER _____ OTHER _____ _____	BODY REAR QUARTERS _____ FRONT FENDERS _____ FLOORS _____ DOOR SILLS _____ OTHER _____ _____
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OTHER OPTIONS _____

CONDITION OF VEHICLE:

GENERAL	INTERIOR	PAINT	BODY	CHROME
EXCELLENT <input type="checkbox"/>	EXCELLENT <input type="checkbox"/>	EXCELLENT <input type="checkbox"/>	EXCELLENT <input type="checkbox"/>	EXCELLENT <input type="checkbox"/>
VERY GOOD <input type="checkbox"/>	VERY GOOD <input type="checkbox"/>	VERY GOOD <input type="checkbox"/>	VERY GOOD <input type="checkbox"/>	VERY GOOD <input type="checkbox"/>
GOOD <input type="checkbox"/>	GOOD <input type="checkbox"/>	GOOD <input type="checkbox"/>	GOOD <input type="checkbox"/>	GOOD <input type="checkbox"/>
FAIR <input type="checkbox"/>	FAIR <input type="checkbox"/>	FAIR <input type="checkbox"/>	FAIR <input type="checkbox"/>	FAIR <input type="checkbox"/>
POOR <input type="checkbox"/>	POOR <input type="checkbox"/>	POOR <input type="checkbox"/>	POOR <input type="checkbox"/>	POOR <input type="checkbox"/>

DRIVE TRAIN	UNDERCARRIAGE	VINYL-CONVERTIBLE ROOF OR TOP	WINDSHIELD
EXCELLENT <input type="checkbox"/>	EXCELLENT <input type="checkbox"/>	EXCELLENT <input type="checkbox"/>	EXCELLENT <input type="checkbox"/>
VERY GOOD <input type="checkbox"/>	VERY GOOD <input type="checkbox"/>	VERY GOOD <input type="checkbox"/>	VERY GOOD <input type="checkbox"/>
GOOD <input type="checkbox"/>	GOOD <input type="checkbox"/>	GOOD <input type="checkbox"/>	GOOD <input type="checkbox"/>
FAIR <input type="checkbox"/>	FAIR <input type="checkbox"/>	FAIR <input type="checkbox"/>	FAIR <input type="checkbox"/>
POOR <input type="checkbox"/>	POOR <input type="checkbox"/>	POOR <input type="checkbox"/>	POOR <input type="checkbox"/>

SPECIAL FEATURES _____ APPRAISED VALUE _____

We have made this valuation to the best of our knowledge and ability but can assume no liability for same.

Appraiser _____ Date _____