

	Audatex Request #		Audatex ID # (Required)				
	<input type="checkbox"/> Total Loss Point of Impact: Gross Estimate Amount \$:		Claim Rep Name		Claim Rep Phone #		
Claim #	Policy #		Owner Name		(1st) Owner Phone #		
Market Area (City/Zip/Postal Code)	Inspection (City & State)		<input type="checkbox"/> Insured <input type="checkbox"/> Claimant		(2nd) Owner Phone #		
10 th digit-model year J=88 K=89 L=90 M=91 N=92 P=93 R=94 S=95 T=96 V=97 W=98 X=99 Y=2000 1=01 2=02 3=03 4=04 5=05 6=06 7=07 8=08 9=09 A=10							
VIN:							
Year	Make	Model Designation		Model Name/Type Motorcycle <input type="checkbox"/> Special Construction <input type="checkbox"/> Scooter <input type="checkbox"/> Trike/Side Car			
Ext. Color	Odometer	Engine Displacement (cc/cui)		Transmission <input type="checkbox"/> Gear <input type="checkbox"/> Automatic # of Gears: <input type="checkbox"/> CVT			
		EQUIPMENT					
SPECIAL CONSTRUCTION Fairing <input type="checkbox"/> Full <input type="checkbox"/> Half <input type="checkbox"/> W/S Only <input type="checkbox"/> Tinted W/S <input type="checkbox"/> Electric Start Frame Type <input type="checkbox"/> Rigid <input type="checkbox"/> Soft Tail <input type="checkbox"/> Swing Arm Front End Type <input type="checkbox"/> Wide Glide <input type="checkbox"/> Fat Boy <input type="checkbox"/> Springer <input type="checkbox"/> Narrow Glide <input type="checkbox"/> Custom Seat <input type="checkbox"/> Custom Exhaust <input type="checkbox"/> Crash Bar <input type="checkbox"/> Highway Pegs <input type="checkbox"/> Forward Controls Back Rest <input type="checkbox"/> Rider <input type="checkbox"/> Passenger <input type="checkbox"/> Dual Foot Boards <input type="checkbox"/> 1 Set <input type="checkbox"/> 2 Set <input type="checkbox"/> Stretch Tanks		SPECIAL CONSTRUCTION CONT. <input type="checkbox"/> Molded Frame <input type="checkbox"/> Braided Lines Primary <input type="checkbox"/> Open Primary <input type="checkbox"/> Closed Primary Drive Type <input type="checkbox"/> Belt Drive <input type="checkbox"/> Chain Drive <input type="checkbox"/> Right Hand Drive <input type="checkbox"/> Fat Rear Tire Custom Paint (\$): Custom Wheels <input type="checkbox"/> Aluminum <input type="checkbox"/> Chrome <input type="checkbox"/> Billet <input type="checkbox"/> Spoke <input type="checkbox"/> Solid Radio Type <input type="checkbox"/> AM/FM Stereo <input type="checkbox"/> AM/FM Cass <input type="checkbox"/> AM/FM CD <input type="checkbox"/> AM/FM CD/Cass Saddle Bags <input type="checkbox"/> Hard Bags <input type="checkbox"/> Soft Bags <input type="checkbox"/> Travel Trunk <input type="checkbox"/> Fog Lights <input type="checkbox"/> Alarm System A/M Chrome Access. (\$):		SCOOTER <input type="checkbox"/> Electric Start Radio Type <input type="checkbox"/> AM/FM Stereo <input type="checkbox"/> AM/FM Cass <input type="checkbox"/> AM/FM CD <input type="checkbox"/> AM/FM CD/Cass <input type="checkbox"/> Travel Trunk <input type="checkbox"/> Luggage Racks <input type="checkbox"/> Alarm System TRIKE/SIDE CAR Conversion Year: Conversion Make: Conversion Model: Fairing <input type="checkbox"/> Full <input type="checkbox"/> Half <input type="checkbox"/> W/S Only <input type="checkbox"/> Tinted W/S <input type="checkbox"/> Electric Start <input type="checkbox"/> Raked Front End <input type="checkbox"/> Custom Seat <input type="checkbox"/> Custom Exhaust <input type="checkbox"/> Reverse Gear <input type="checkbox"/> Crash Bar <input type="checkbox"/> Highway Pegs Foot Boards <input type="checkbox"/> 1 Set <input type="checkbox"/> 2 Set <input type="checkbox"/> Driver Back Rest		TRIKE/SIDE CAR CONT. Drive Type <input type="checkbox"/> Belt Drive <input type="checkbox"/> Shaft Drive Custom Paint (\$): Custom Wheels <input type="checkbox"/> Aluminum <input type="checkbox"/> Chrome <input type="checkbox"/> Billet <input type="checkbox"/> Spoke <input type="checkbox"/> Solid Radio Type <input type="checkbox"/> AM/FM Stereo <input type="checkbox"/> AM/FM Cass <input type="checkbox"/> AM/FM CD <input type="checkbox"/> AM/FM CD/Cass <input type="checkbox"/> CB Radio <input type="checkbox"/> Intercom <input type="checkbox"/> Travel Trunk # of Luggage Racks: <input type="checkbox"/> Trailer Hitch <input type="checkbox"/> Light Bar <input type="checkbox"/> Fog Lights <input type="checkbox"/> Alarm System A/M Chrome Access (\$):	
CONDITIONING:							
EXTERIOR		<input type="checkbox"/> ABOVE AVERAGE <input type="checkbox"/> AVERAGE <input type="checkbox"/> BELOW AVERAGE		Prior Damage Cost: \$			
MECHANICAL		<input type="checkbox"/> ABOVE AVERAGE <input type="checkbox"/> AVERAGE <input type="checkbox"/> BELOW AVERAGE					
ENGINE	Rebuilt Engine	<input type="checkbox"/> Yes <input type="checkbox"/> No	Miles/Hours on Rebuilt:	Cost: \$			
TRANS	Rebuilt Trans	<input type="checkbox"/> Yes <input type="checkbox"/> No	Miles/Hours on Rebuilt:	Cost: \$			
OTHER MECHANICAL RECEIPTS		Desc/\$:		Date work done/Part(s):			
FRONT TIRE		<input type="checkbox"/> ABOVE AVERAGE <input type="checkbox"/> AVERAGE <input type="checkbox"/> BELOW AVERAGE					
REAR TIRE		<input type="checkbox"/> ABOVE AVERAGE <input type="checkbox"/> AVERAGE <input type="checkbox"/> BELOW AVERAGE					
TRACK		<input type="checkbox"/> ABOVE AVERAGE <input type="checkbox"/> AVERAGE <input type="checkbox"/> BELOW AVERAGE					
GEN'L COMMENTS:							