

		Audatex Request #		Audatex ID # (Required)			
		<input type="checkbox"/> Total Loss Point of Impact: Gross Estimate Amount \$:		Claim Rep Name	Claim Rep Phone #	Loss Date	
Claim #		Policy #		Owner Name		(1st) Owner Phone #	Loss Type
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							
Odometer		Ext. Color		VIN:			
Year	Make	Model	Model Designation		# of Cylinders	Engine Displacement (cc/cui)	
MOTORCYCLE / ATV EQUIPMENT							
MOTORCYCLE <input type="checkbox"/> Fairing <input type="checkbox"/> Full <input type="checkbox"/> Half <input type="checkbox"/> W/S Only <input type="checkbox"/> Tinted W/S <input type="checkbox"/> Soft Saddle Bags <input type="checkbox"/> Hard Saddle Bags <input type="checkbox"/> Travel Trunk <input type="checkbox"/> Cowl Cover <input type="checkbox"/> EFI Power Cmndr <input type="checkbox"/> Steering Dampner # of Luggage Rack(s): <input type="checkbox"/> Crash Bar <input type="checkbox"/> Highway Pegs Radio Type <input type="checkbox"/> AM/FM Stereo <input type="checkbox"/> AM/FM Cass <input type="checkbox"/> CD		<input type="checkbox"/> CB Radio <input type="checkbox"/> Intercom <input type="checkbox"/> Tank Bag <input type="checkbox"/> MC Bra <input type="checkbox"/> Back Rest <input type="checkbox"/> Passenger <input type="checkbox"/> Rider Foot Boards <input type="checkbox"/> 1 set <input type="checkbox"/> 2 sets <input type="checkbox"/> Custom Seat Cost \$: Date of Purchase: <input type="checkbox"/> Custom Paint Cost \$: Date of Purchase: <input type="checkbox"/> Custom Wheels Cost \$: Date of Purchase:		<input type="checkbox"/> Cowl Cover Custom Exhaust <input type="checkbox"/> Full <input type="checkbox"/> Slip-on <input type="checkbox"/> Carbon Fiber <input type="checkbox"/> Light Bar <input type="checkbox"/> Trailer Hitch <input type="checkbox"/> Fog Lights <input type="checkbox"/> Motorcycle Alarm <input type="checkbox"/> Heated Grips <input type="checkbox"/> Forward Controls A/M Chrome Access. Cost \$: Date of Purchase:		ATV <input type="checkbox"/> Electric Start <input type="checkbox"/> Remote Shut Off <input type="checkbox"/> Reverse Gear <input type="checkbox"/> Brush Guard <input type="checkbox"/> Travel Trunk # of Luggage Racks: <input type="checkbox"/> Alarm System <input type="checkbox"/> ATV Winch <input type="checkbox"/> Gun Rack ATV Snowplow <input type="checkbox"/> Harness Only <input type="checkbox"/> With Blade <input type="checkbox"/> ATV Storage Seat Custom Exhaust <input type="checkbox"/> Full <input type="checkbox"/> Slip-on <input type="checkbox"/> Carbon Fiber <input type="checkbox"/> Light Bar <input type="checkbox"/> Trailer Hitch <input type="checkbox"/> Fog Lights <input type="checkbox"/> Heated Grips <input type="checkbox"/> Hand Guards A/M Chrome Access. Cost \$:	
SNOWMOBILE EQUIPMENT							
SNOWMOBILE <input type="checkbox"/> Custom Hood Seat/Tank Type: Carb Type: <input type="checkbox"/> Elect Fuel Injection <input type="checkbox"/> Performance Pipes Turbo Type <input type="checkbox"/> Pump Gas <input type="checkbox"/> Race Gas <input type="checkbox"/> Nitrous		<input type="checkbox"/> Ceramic Coated Canister <input type="checkbox"/> Ceramic Coated Pipes Primary Clutch: Secondary Clutch: Drive Shaft: <input type="checkbox"/> Jack Shaft <input type="checkbox"/> Chain Case <input type="checkbox"/> Steering Linkage <input type="checkbox"/> Radius Arms <input type="checkbox"/> Spindles		Arm Type <input type="checkbox"/> Trailing Arms <input type="checkbox"/> A Arms <input type="checkbox"/> Big Wheel Kit Type of Front Shocks: Type of Rear Shocks: Type of Rear Suspension:		Track Type/Size: <input type="checkbox"/> EGT Gauges <input type="checkbox"/> Tunnel <input type="checkbox"/> Bulk Head Ski Type: <input type="checkbox"/> Handle Bar Risers <input type="checkbox"/> Handle Bar Hooks <input type="checkbox"/> Mountain Bar <input type="checkbox"/> Fluid Balancer	
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	Mileage/Hours on Rebuilt:		Cost: \$		
TRANS	Rebuilt Trans	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mileage/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:							