

		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							
Ext Color:		VIN:					
Year	Make	Model	Body Style <input type="checkbox"/> COE <input type="checkbox"/> Conventional <input type="checkbox"/> Forward Cab	CabType <input type="checkbox"/> Ext. Cab <input type="checkbox"/> Standard Cab <input type="checkbox"/> Day Cab <input type="checkbox"/> Crew Cab <input type="checkbox"/> Sleeper Cab	Drive Type <input type="checkbox"/> 2wd <input type="checkbox"/> 4wd		
Trim	Body Type <input type="checkbox"/> School Bus <input type="checkbox"/> Shuttle/Transit Bus <input type="checkbox"/> Tour Coach		Mileage	Engine Make/Model		Horsepower	Transmission <input type="checkbox"/> Auto <input type="checkbox"/> Manual <input type="checkbox"/> Autoshift
Transmission Make	# of Gears	GVW	Wheel Base	Suspension Type <input type="checkbox"/> Spring <input type="checkbox"/> Air <input type="checkbox"/> Other:			# of Rear Axles
# of Driven Axles		Rear Axle Rating		Front Axle Rating		Tag Axle(s)	Dual Rear Wheels <input type="checkbox"/> Yes
			EQUIPMENT				
CAB EQUIPMENT <input type="checkbox"/> Power Steering <input type="checkbox"/> Power Windows <input type="checkbox"/> Power Locks <input type="checkbox"/> Cruise Control <input type="checkbox"/> Tilt/Telescoping Wheel <input type="checkbox"/> Air Conditioning Radio Type <input type="checkbox"/> AM/FM Stereo <input type="checkbox"/> AM/FM Cass <input type="checkbox"/> AM/FM CD <input type="checkbox"/> CB Radio <input type="checkbox"/> Jake Brake (Tour Coach Only) Air Ride Seats <input type="checkbox"/> Driver		SCHOOL BUS Body Year: Body Manufacture: Body Material <input type="checkbox"/> Steel <input type="checkbox"/> Aluminum <input type="checkbox"/> Rear Emergency Door <input type="checkbox"/> Side Emergency Door Passenger Capacity: <input type="checkbox"/> Wheel Chair Lift # of Wheel Chairs: <input type="checkbox"/> Video Camera # of Fuel Tanks: Total Fuel Capacity # gal:		SHUTTLE BUS Body Year: Body Manufacture: Body Material <input type="checkbox"/> Steel <input type="checkbox"/> Aluminum <input type="checkbox"/> Fiberglass <input type="checkbox"/> Rear Emergency Door <input type="checkbox"/> Side Emergency Door Passenger Capacity: <input type="checkbox"/> Wheel Chair Lift # of Wheel Chairs: # of Fuel Tanks: Total Fuel Capacity # gal:		TOUR COACH Passenger Capacity: <input type="checkbox"/> Tour Guide Seat <input type="checkbox"/> Thermopane Glass <input type="checkbox"/> Foot Rests Parcel Racks <input type="checkbox"/> Open <input type="checkbox"/> Enclosed # of Monitors: DVD/VCR System <input type="checkbox"/> DVD <input type="checkbox"/> VCR <input type="checkbox"/> Both <input type="checkbox"/> Side Window Shades <input type="checkbox"/> Lavatory <input type="checkbox"/> Kneeling Suspension # of Fuel Tanks: Total Fuel Capacity # gal:	
CONDITIONING:							
INTERIOR	<input type="checkbox"/> ABOVE AVERAGE <input type="checkbox"/> AVERAGE <input type="checkbox"/> BELOW AVERAGE		Prior Damage Cost: \$				
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 on Rebuilt:	Cost: \$			
TRANS	Rebuilt Trans	<input type="checkbox"/> Yes <input type="checkbox"/> No	Miles on Rebuilt:	Cost: \$			
OTHER MECHANICAL RECEIPTS		Desc/\$:		Date work done/Part(s):			
FRONT TIRES	<input type="checkbox"/> ABOVE AVERAGE <input type="checkbox"/> AVERAGE <input type="checkbox"/> BELOW AVERAGE						
REAR TIRES 1st AXLE	<input type="checkbox"/> ABOVE AVERAGE <input type="checkbox"/> AVERAGE <input type="checkbox"/> BELOW AVERAGE						
REAR TIRES 2nd AXLE	<input type="checkbox"/> ABOVE AVERAGE <input type="checkbox"/> AVERAGE <input type="checkbox"/> BELOW AVERAGE						
GEN'L COMMENTS:							