

		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		Color		VIN:			
Year	Make	Model	Doors	Bodystyle	<input type="checkbox"/> Reg Cab <input type="checkbox"/> Crew Cab	<input type="checkbox"/> Ext Cab <input type="checkbox"/> Stepside	Drive <input type="checkbox"/> 2W <input type="checkbox"/> 4W
Engine Type <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Turbo <input type="checkbox"/> Supercharged <input type="checkbox"/> Other:			Engine Size	# Cylinders	Trans. <input type="checkbox"/> Auto <input type="checkbox"/> 2 sp <input type="checkbox"/> 3 sp <input type="checkbox"/> 4 sp <input type="checkbox"/> 5 sp <input type="checkbox"/> CVT <input type="checkbox"/> Manual <input type="checkbox"/> 3 sp <input type="checkbox"/> 4 sp <input type="checkbox"/> 5 sp <input type="checkbox"/> 6sp		
# Passenger Capacity:	Bed Length <input type="checkbox"/> XShrt <input type="checkbox"/> Short <input type="checkbox"/> Long		Capacity/Tonnage <input type="checkbox"/> ½ T <input type="checkbox"/> ¾ T <input type="checkbox"/> 1T		Van Type <input type="checkbox"/> Passenger <input type="checkbox"/> Cargo <input type="checkbox"/> Regular <input type="checkbox"/> Extended <input type="checkbox"/> Conversion Name:		
VEHICLE EQUIPMENT							
POWER <input type="checkbox"/> Power Brakes <input type="checkbox"/> Power Steering <input type="checkbox"/> Power Windows <input type="checkbox"/> Power Locks <input type="checkbox"/> Power Mirrors <input type="checkbox"/> Htd Pwr Mirrors RADIOS/ALARM <input type="checkbox"/> AM/FM Stereo <input type="checkbox"/> AM/FM Cass <input type="checkbox"/> AM/FM Cass/CD <input type="checkbox"/> CD Player <input type="checkbox"/> CD Changer <input type="checkbox"/> InDash Changer <input type="checkbox"/> InDsh Chngr/Cass <input type="checkbox"/> Satellite <input type="checkbox"/> Alarm System <input type="checkbox"/> MP3 <input type="checkbox"/> Removed	SUNROOF <input type="checkbox"/> Power Steel <input type="checkbox"/> Power Glass <input type="checkbox"/> Manual Sliding <input type="checkbox"/> T-Top Glass <input type="checkbox"/> T-Top Solid SEATS <input type="checkbox"/> Power Driver <input type="checkbox"/> Pwr Driver/Pass <input type="checkbox"/> Heated Front <input type="checkbox"/> Heated F&R <input type="checkbox"/> Split Bench <input type="checkbox"/> Bucket <input type="checkbox"/> Cloth/Velour <input type="checkbox"/> Leather <input type="checkbox"/> Vinyl <input type="checkbox"/> Captain Chairs (2) <input type="checkbox"/> 4 <input type="checkbox"/> 6	PAINT/GLASS <input type="checkbox"/> Two-Tone <input type="checkbox"/> Custom <input type="checkbox"/> Graphics <input type="checkbox"/> Tinted Glass <input type="checkbox"/> Privacy Glass ROOF <input type="checkbox"/> Vinyl <input type="checkbox"/> Landau <input type="checkbox"/> Luggage Rack <input type="checkbox"/> Roll Bar <input type="checkbox"/> Pwr Conv Top <input type="checkbox"/> Hard Top CONVERSION VANS <input type="checkbox"/> Refrigerator <input type="checkbox"/> Television <input type="checkbox"/> Microwave <input type="checkbox"/> Full Pop-Top	BUMPERS <input type="checkbox"/> Rear Step <input type="checkbox"/> Chrome <input type="checkbox"/> Chrome Step WHEELS <input type="checkbox"/> Wire <input type="checkbox"/> Wire Whl Cvr <input type="checkbox"/> Alloy <input type="checkbox"/> AM <input type="checkbox"/> Chrome <input type="checkbox"/> AM <input type="checkbox"/> Styled Steel <input type="checkbox"/> Chrome Alloy <input type="checkbox"/> Dual Rear SUSPENSION/TOW <input type="checkbox"/> Tow Package <input type="checkbox"/> Trailer Hitch <input type="checkbox"/> HD Suspension <input type="checkbox"/> Stability Control <input type="checkbox"/> Traction Control	OTHER <input type="checkbox"/> Cruise Control <input type="checkbox"/> Tilt Wheel <input type="checkbox"/> Rear Defrost <input type="checkbox"/> Air Cond <input type="checkbox"/> Dual Air Cond <input type="checkbox"/> Anti-Lock Brakes <input type="checkbox"/> Air Bag-Driver <input type="checkbox"/> Air Bag-Passenger Air Bag-Other: <input type="checkbox"/> Rear Wiper <input type="checkbox"/> Rear Spoiler <input type="checkbox"/> Phone <input type="checkbox"/> Remote Starter <input type="checkbox"/> Keyless Entry <input type="checkbox"/> Navigation Sys <input type="checkbox"/> Entertainment Sys <input type="checkbox"/> OnStar/SOS <input type="checkbox"/> Auto Lock Hubs <input type="checkbox"/> Man Lock Hubs	OTHER <input type="checkbox"/> Fog Lights <input type="checkbox"/> Grill Guard <input type="checkbox"/> Winch <input type="checkbox"/> Canopy <input type="checkbox"/> Bed Liner <input type="checkbox"/> Tool Box <input type="checkbox"/> Hydraulic Liftgate <input type="checkbox"/> Lift Kit <input type="checkbox"/> 3in <input type="checkbox"/> 6in <input type="checkbox"/> 10in <input type="checkbox"/> Ground Effects <input type="checkbox"/> Lowered # of in.: <input type="checkbox"/> Slide Rear Wndw <input type="checkbox"/> Side Steps <input type="checkbox"/> Tubular Side Steps <input type="checkbox"/> Running Boards <input type="checkbox"/> Tinted Glass A/M		
CONTIONING:							
INTERIOR							
SEATS	<input type="checkbox"/> Restored	<input type="checkbox"/> Good	<input type="checkbox"/> Minor Wear	<input type="checkbox"/> Moderate Wear	<input type="checkbox"/> Needs Replaced	Desc/\$:	
CARPETS	<input type="checkbox"/> Restored	<input type="checkbox"/> Good	<input type="checkbox"/> Minor Wear	<input type="checkbox"/> Moderate Wear	<input type="checkbox"/> Needs Replaced	Desc/\$:	
INT TRIM	<input type="checkbox"/> Restored	<input type="checkbox"/> Good	<input type="checkbox"/> Minor Wear	<input type="checkbox"/> Moderate Damage	<input type="checkbox"/> Needs Replaced	Desc/\$:	
GLASS	<input type="checkbox"/> Replaced	<input type="checkbox"/> Good	<input type="checkbox"/> Minor Wear	<input type="checkbox"/> Needs Repair	<input type="checkbox"/> Needs Replaced	Desc/\$:	
HEADLINER	<input type="checkbox"/> Restored	<input type="checkbox"/> Good	<input type="checkbox"/> Minor Wear	<input type="checkbox"/> Moderate Wear	<input type="checkbox"/> Needs Replaced	Desc/\$:	
EXTERIOR							
BODY	<input type="checkbox"/> Restored	<input type="checkbox"/> Good	<input type="checkbox"/> Minor Damage	<input type="checkbox"/> Moderate Damage	<input type="checkbox"/> Serious Damage	Desc/\$:	
PAINT	<input type="checkbox"/> New	<input type="checkbox"/> Good	<input type="checkbox"/> Minor Wear	<input type="checkbox"/> Moderate Damage	<input type="checkbox"/> Needs Repaint	Desc/\$:	
Repainted <input type="checkbox"/> Yes <input type="checkbox"/> No				Date:	Cost: \$		
EXT TRIM	<input type="checkbox"/> New	<input type="checkbox"/> Good	<input type="checkbox"/> Minor Damage	<input type="checkbox"/> Moderate Damage	<input type="checkbox"/> Needs Replaced	Desc/\$:	
ROOF/TOP	<input type="checkbox"/> Restored	<input type="checkbox"/> Good	<input type="checkbox"/> Minor Damage	<input type="checkbox"/> Moderate Damage	<input type="checkbox"/> Needs Replaced	Desc/\$:	
MECHANICAL							
ENGINE	<input type="checkbox"/> New/Rebuilt	<input type="checkbox"/> Well Maint	<input type="checkbox"/> Minor Wear	<input type="checkbox"/> Minor Work	<input type="checkbox"/> Major Work	Desc/\$:	
Rebuilt Engine <input type="checkbox"/> Yes <input type="checkbox"/> No				Miles on New/Rebuilt:		Cost: \$	
TRANS	<input type="checkbox"/> New/Rebuilt	<input type="checkbox"/> Well Maint	<input type="checkbox"/> Minor Wear	<input type="checkbox"/> Minor Work	<input type="checkbox"/> Major Work	Desc/\$:	
Rebuilt Trans <input type="checkbox"/> Yes <input type="checkbox"/> No				Miles on New/Rebuilt:		Cost: \$	
OTHER MECHANICAL RECEIPTS			Desc/\$:		Date work done/Part(s):		
TIRES							
FRONT	<input type="checkbox"/> New	<input type="checkbox"/> Good	<input type="checkbox"/> Worn				
REAR	<input type="checkbox"/> New	<input type="checkbox"/> Good	<input type="checkbox"/> Worn				
GEN'L COMMENTS:							