



Travel Trailers Basic Claim Information Form

Office and Claim Information			
Office ID Number*		Company*	
Claim Number*			
VIN:			
Year*	Make*	Model*	
Class* <input type="checkbox"/> Travel Trailer <input type="checkbox"/> 5th Wheel Trailer <input type="checkbox"/> Pop Up Camper <input type="checkbox"/> Slide On Camper <input type="checkbox"/> Park <input type="checkbox"/> Toy Hauler			Model #
Administrative Information			
Adjuster ID		Adjuster First Name	Adjuster Last Name*
Appraiser ID		Appraiser First Name	Appraiser Last Name
Insured First Name		Insured Last Name*	
Owner First Name		Owner Last Name*	
Loss ZIP Code*		PA Appraiser ID#	Loss State
Street Address		City	
Loss Information			
Date of loss (mm/dd/yyyy)*		Type of Loss* <input type="checkbox"/> Collision <input type="checkbox"/> Theft	
Loss Category* <input type="checkbox"/> Other <input type="checkbox"/> Liability <input type="checkbox"/> Comprehensive <input type="checkbox"/> Collision			
Condition* <input type="checkbox"/> 1 - Below Average <input type="checkbox"/> 2 - Average <input type="checkbox"/> 3 - Exceptional			
Leased Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No		3rd Party Claim <input type="checkbox"/> Yes <input type="checkbox"/> No	Claim Class
Equipment Information			
Length (Feet)*	Generator Size (KW)	Generator Fuel Type <input type="checkbox"/> Gas <input type="checkbox"/> Diesel	
# of Awnings	Sizes in Feet	# of Window Awnings	
# of Slide outs	Sizes in Feet		
# of Skylights	Electric Steps <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple		# of Aux Batteries
Leveling System <input type="checkbox"/> Manual Stab/Scissor <input type="checkbox"/> Electric Jacks <input type="checkbox"/> Electric Rear Leveling Jacks <input type="checkbox"/> Front Power Jacks <input type="checkbox"/> Power Hitch Jack			
<input type="checkbox"/> Power Hitch Jack	<input type="checkbox"/> Fiberglass Exterior	<input type="checkbox"/> Air Ride Suspension	<input type="checkbox"/> Solar Charger
<input type="checkbox"/> Power Roof Vent	<input type="checkbox"/> Power Roof Vent W/ Sensor	<input type="checkbox"/> Ducted AC 15,000 BTU	<input type="checkbox"/> Ducted AC 13,500 BTU
<input type="checkbox"/> Microwave Convection Oven	<input type="checkbox"/> Microwave Hood Combo	<input type="checkbox"/> Gas Grill Cook Top	<input type="checkbox"/> Free Standing Dinette
<input type="checkbox"/> Water Purifier	<input type="checkbox"/> DSI Water Heater	<input type="checkbox"/> Glass Shower	<input type="checkbox"/> Hide-a-Bed
Options			
Kitchen/Bath <input type="checkbox"/> OV - Stove/Oven <input type="checkbox"/> ME - Microwave <input type="checkbox"/> 72 - Refrigerator <input type="checkbox"/> IX - Ice Box <input type="checkbox"/> ZK - Sink <input type="checkbox"/> BA - Full Bath <input type="checkbox"/> BB - Half Bath <input type="checkbox"/> OS - Outside Shower <input type="checkbox"/> WE - Water Heater <input type="checkbox"/> WO - Water Storage <input type="checkbox"/> WR - Washer/Dryer		Radio <input type="checkbox"/> AM - AM Radio <input type="checkbox"/> FM - FM Radio <input type="checkbox"/> ST - Stereo <input type="checkbox"/> SE - Search/Seek <input type="checkbox"/> CD - CD Player <input type="checkbox"/> CA - Cassette <input type="checkbox"/> M3 - Auxiliary Audio Connection <input type="checkbox"/> UR - Premium Radio <input type="checkbox"/> XM - Satellite Radio <input type="checkbox"/> SK - CD Changer/Stacker <input type="checkbox"/> EQ - Equalizer <input type="checkbox"/> S2 - Dual Radio <input type="checkbox"/> CB - Cb Radio	
		Electronics <input type="checkbox"/> VT - Television <input type="checkbox"/> VG - VCR <input type="checkbox"/> GS - Game System <input type="checkbox"/> DH - Satellite Dish <input type="checkbox"/> EH - Electrical Hookups	
		Other <input type="checkbox"/> XA - Auxiliary Air Conditioning <input type="checkbox"/> XH - Auxiliary Heater <input type="checkbox"/> TH - Trailer Hitch <input type="checkbox"/> TP - Trailering Package <input type="checkbox"/> RZ - Raised Roof <input type="checkbox"/> RR - Luggage/Roof Rack <input type="checkbox"/> SO - Solar Panel <input type="checkbox"/> ET - Spare Tire <input type="checkbox"/> PN - Propane Tank	
Additional Equipment			Price, if any (\$)
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
Refurbishments			
Maintenance Item	Price \$	Date (mm/yyyy)	
Maintenance Item	Price \$	Date (mm/yyyy)	
New Tires	Price \$	Number of Tires	
Restored	Price \$	Date (mm/yyyy)	
Special Wheels	Price \$	Date (mm/yyyy)	
Other	Price \$	Date (mm/yyyy)	
Other	Price \$	Date (mm/yyyy)	



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Adjustments			
Sales Tax %			
Prior Damage	Amount \$		
Pre Tax Adjustment 1	Description _____	Add \$	Deduct \$
Pre Tax Adjustment 2	Description _____	Add \$	Deduct \$
DMV	Amount \$		
Deductible	Amount \$		
Post Tax Adjustment 1	Description _____	Add \$	Deduct \$
Post Tax Adjustment 2	Description _____	Add \$	Deduct \$
Notes			
Processing Instructions			
Adjuster Email*		Adjuster Contact Number*	
<input type="checkbox"/> Expand comparable search (if needed)	<input type="checkbox"/> Replacement Policy	<input type="checkbox"/> Run with Branded Title if Indicated by Experian History	
Dealership where purchased (if known)			
Report Retrieval Method	<input type="checkbox"/> Email	<input type="checkbox"/> Fax	<input type="checkbox"/> Other (Specify)
CCC Phone: 1-800-621-8070	CCC Fax: 1-800-621-7070	CCC Email: CCCValuescopeRequest@cccis.com	

*=Required Field