

Claim Information

Customer Claim Number	Customer Reference	Loss Date	Type of Loss	Deductible	Prior Damage
			<input type="checkbox"/> Collision <input type="checkbox"/> Fire <input type="checkbox"/> Flood <input type="checkbox"/> Theft <input type="checkbox"/> Comprehensive		

Claim Rep

Company	Claim Rep Name	Claim Rep Email	Claim Rep Phone

Owner

Name	Phone	E-mail	Can DCI contact owner?	<input type="checkbox"/> Insured
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Claimant
Address	City	State	Zip	

Vehicle/Asset

VIN	Year	Make	Series	Model #	Length	# of Axles

Tires

Tire Tread Remaining	# of Tires
<input type="checkbox"/> New <input type="checkbox"/> 90% <input type="checkbox"/> 80% <input type="checkbox"/> 70% <input type="checkbox"/> 60% <input type="checkbox"/> 50% <input type="checkbox"/> 40% <input type="checkbox"/> 30% <input type="checkbox"/> 20% <input type="checkbox"/> 10%	

Jacks/Leveling Systems

<input type="checkbox"/> Front Power Leveling Jacks	<input type="checkbox"/> Tongue Jack	<input type="checkbox"/> Electric Stabilizer Jacks
<input type="checkbox"/> Rear Power Leveling Jacks	<input type="checkbox"/> Power <input type="checkbox"/> Manual	<input type="checkbox"/> Scissor Stabilizer Jacks
<input type="checkbox"/> Electric Auto Leveling System		<input type="checkbox"/> Crank Down Stabilizer Jacks
<input type="checkbox"/> Hydraulic Leveling Jacks		

Condition Rating

Overall Condition
<input type="checkbox"/> Excellent <input type="checkbox"/> Above Avg <input type="checkbox"/> Average <input type="checkbox"/> Below Avg <input type="checkbox"/> Poor
Interior Condition
<input type="checkbox"/> Excellent <input type="checkbox"/> Above Avg <input type="checkbox"/> Average <input type="checkbox"/> Below Avg <input type="checkbox"/> Poor
Branded Title
<input type="checkbox"/> Salvage Title <input type="checkbox"/> Rebuilt Title

Exterior Features

Slide-Outs / Slide-Out Awnings Slide-Out Awning? <input type="checkbox"/> Slide #1 (Length ____) <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> Slide #2 (Length ____) <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> Slide #3 (Length ____) <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> Slide #4 (Length ____) <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> Slide #5 (Length ____) <input type="radio"/> Yes <input type="radio"/> No	Equipment <table border="0"> <tr> <td><input type="checkbox"/> Diamond Plate Shield</td> <td>OEM</td> <td>A/M</td> <td><input type="checkbox"/> Propane Tanks</td> <td>OEM</td> <td>A/M</td> </tr> <tr> <td><input type="checkbox"/> Spare Tire & Carrier</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="checkbox"/> ____ Gal.</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input 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Service Requested

<input type="checkbox"/> Total Loss Valuation (ACV)
<input type="checkbox"/> Taxes & Fees Calculation for TL
<input type="checkbox"/> Diminished Value*
<input type="checkbox"/> Right of Appraisal
<input type="checkbox"/> Guaranteed Salvage Solution
<input type="checkbox"/> Collision Estimate / Inspection
<input type="checkbox"/> Desk Review
<input type="checkbox"/> Underwriting Valuation

* Salvage Bids and Diminished Value requests require photos and estimate.

Type of Vehicle

<input type="checkbox"/> 5th Wheel
<input type="checkbox"/> Toy Hauler
<input type="checkbox"/> Travel Trailer
<input type="checkbox"/> Toy Hauler
<input type="checkbox"/> "Pop-Up" Camping Trailer
<input type="checkbox"/> Truck Camper

Comments/Additional Info:

Please include date & cost on upgrades /add-ons.

Pictures Receipts* from owner

*Please do not include maintenance receipts.

Interior Features

Kitchen <input type="checkbox"/> Full <input type="checkbox"/> Partial	Refrigerator <input type="checkbox"/> Standard <input type="checkbox"/> Side by Side Upgrade <input type="checkbox"/> 4 Door Luxury <input type="checkbox"/> 2.5 - 4.0 cu. ft. <input type="checkbox"/> 5.0 - 7.0 cu. ft. <input type="checkbox"/> 8.0 - 10.0 cu. ft. <input type="checkbox"/> 2 Way <input type="checkbox"/> 3 Way	Appliances <input type="checkbox"/> Microwave <input type="checkbox"/> Microwave/Convection <input type="checkbox"/> Dishwasher <input type="checkbox"/> Washer/Dryer <input type="checkbox"/> Water Heater (____ Gal) <input type="checkbox"/> w/DSI <input type="checkbox"/> Central Vacuum <input type="checkbox"/> Fireplace	A/C <input type="checkbox"/> 1 <input type="checkbox"/> ____ BTU <input type="checkbox"/> 2 <input type="checkbox"/> ____ BTU <input type="checkbox"/> 3 <input type="checkbox"/> ____ BTU <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Central/Ducted	Generator <input type="checkbox"/> ____ KW <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Propane Inverter <input type="checkbox"/> ____ Watts	Furnace <input type="checkbox"/> Standard <input type="checkbox"/> 10,000-12,000 BTU <input type="checkbox"/> 13,000-19,000 BTU <input type="checkbox"/> 20,000-29,000 BTU <input type="checkbox"/> 30,000 BTU and higher <input type="checkbox"/> Heat Pump	Equipment <input type="checkbox"/> Power Roof Vents (Qty ____) <input type="checkbox"/> Power Bunk System
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Electronics/Power Accessories

Entertainment <input type="checkbox"/> TV (Size ____ ") <input type="radio"/> LCD <input type="radio"/> Flatscreen <input type="checkbox"/> VCR <input type="checkbox"/> TV (Size ____ ") <input type="radio"/> LCD <input type="radio"/> Flatscreen <input type="checkbox"/> DVD <input type="checkbox"/> TV (Size ____ ") <input type="radio"/> LCD <input type="radio"/> Flatscreen <input type="checkbox"/> Blue Ray <input type="checkbox"/> TV (Size ____ ") <input type="radio"/> LCD <input type="radio"/> Flatscreen <input type="checkbox"/> Outside Entertainment <input type="checkbox"/> Satellite <input type="radio"/> Manual Point <input type="radio"/> Auto Seek	Sound System/Communications <input type="checkbox"/> Standard Audio System <input type="checkbox"/> Premium Audio System <input type="checkbox"/> Surround Sound <input type="checkbox"/> 12V USB Charging Station	Backup Camera System <input type="checkbox"/> Low End (under \$500) <input type="checkbox"/> Average (\$500-\$750) <input type="checkbox"/> High End (over \$750)
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