



Personal Watercraft

Valuation Request Form

1.888.475.9975 Phone

www.vvsi.com

1.888.475.9935 Fax

general@vvsi.com

Office ID Number:	_____		Company:	_____	
Claim Rep Name:	_____		Email:	_____	
Phone / Fax:	_____		Calculate Sales Tax:	_____	
License Fee Amount:	_____		Deductible:	_____	
Salvage Value:	_____ Salvage Bid Requested:		Claim Ref #:	_____	
Type Of Loss:	_____		Date Of Loss:	_____	
Owner / Insured:	_____		Insured Phone / Contact:	_____	
City / State / Zip:	_____				
Appraiser Company:	_____		Appraiser Name:	_____	
Appraiser Phone / Email:	_____		Appraisal Amount:	_____	ACV Amount: _____

HIN:

Year:	_____	Engine:	_____
Model:	_____	Model:	_____

Type:

Previous Salvage/Branded Title:

Options

Components

Deluxe Handle Bars
Mirrors
Cover
Fan Tail
Ride Plate
High Flow Impeller
High Pro Exhaust
Exhaust Silencer
Intake Grate

Hours

Conditions

Interior

Paint
Seats
Body

Propulsion

Engine

Trailer

Overall

Trailer:

Other Items:

Refurbishments	_____	Date/Cost	_____	Prior Damage Description	_____	Amount	_____
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Condition Ratings: 1 = Excellent 2 = Above Average 3 = Average 4 = Below Average 5 = Poor PLEASE SEND PHOTOS IF AVAILABLE