



# Private Passenger Vehicle

1.888.475.9975 Phone

www.vvsi.com

Valuation Request Form

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:	_____
Type Of Loss:	_____	Claim Ref #:	_____
Owner / Insured:	_____	Date Of Loss:	_____
City / State / Zip:	_____	Insured Phone / Contact:	_____
Appraiser Company:	_____	Appraiser Name:	_____
Appraiser Phone / Email:	_____	Appraisal Amount:	_____
		ACV Amount:	_____

VIN:

Year:	_____	Make:	_____	Model:	_____
Body Style:	_____	Engine:	_____	Transmission:	_____
4WD:	_____	AWD:	_____	Mileage:	_____
				Previous Salvage/Branded Title:	_____

Options	
Power Options	Décor Equipment
Power Windows	Interior Trim
Power Locks	Wheel Type
Power Driver Seat	Roof Type
Power Passenger Seat	Spoiler
Other Equipment	Safety Equipment
Rear Wipers	Theft Deterrent
Headlight Washer	Disc Brakes:
Heated Mirrors	ABS:
Towing Equipment	Air Bags:
Convenience Options	Fog Lights
A/C	Other Items:
Telescopic Wheel	
Audio and Nav System:	
Premium Sound	
Keyless Entry	
Heated Seats	
Tinted Glass	

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