



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: _____ Car Fax Requested: _____

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: _____

VIN:

Year: _____ Make: _____ Model: _____

Body Style: _____ Engine: _____ Transmission: _____

4WD: _____ AWD: _____ Mileage: _____ Previous Salvage/Branded Title: _____

Options

Power Options	Décor Equipment	Conditions
Power Windows	Interior Trim	<u>Interior</u>
Power Locks	Wheel Type	Seats
Power Driver Seat	Roof Type	Dash
Power Passenger Seat		Carpet
<u>Other Equipment</u>	Spoiler	Headliner
Rear Wipers		<u>Exterior</u>
Headlight Washer		Body
Heated Mirrors		Paint
Towing Equipment	<u>Safety Equipment</u>	Glass
<u>Convenience Options</u>	Theft Deterrent	<u>Drivetrain</u>
A/C	Disc Brakes:	Engine
Telescopic Wheel	ABS:	Transmission
Audio and Nav System:	Air Bags:	<u>Tires</u>
Premium Sound	Fog Lights	Front Tire Wear Remaining _____ %
Keyless Entry	Other Items: _____	Rear Tire Wear Remaining _____ %
Heated Seats		
Tinted Glass		

Refurbishments _____ Date/Cost _____ Prior Damage Description _____ Amount _____

Condition Ratings: 1 = Excellent 2 = Above Average 3 = Average 4 = Below Average 5 = Poor PLEASE SEND PHOTOS IF AVAILABLE