



# Motorcycles

Valuation Request Form

1.888.475.9975 Phone

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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 Number: \_\_\_\_\_

Model Name: \_\_\_\_\_ Engine \_\_\_\_\_ CC \_\_\_\_\_ Mileage: \_\_\_\_\_

Type: \_\_\_\_\_

Previous Salvage/Branded Title: \_\_\_\_\_

## Options

Factory	Custom Accessories	Conditions
Fairing:	Exhaust Headers	<u>Exterior</u>
Travel Trunk	Custom Exhaust	Body
Luggage Rack	Custom Paint	Paint
Back Rest	Performance Tires	<u>Drivetrain</u>
Cruise Control	Custom Wheels	Engine
Engine Guards	Custom Seat	Transmission
Light Bar	Chrome:	<u>Tires</u>
Tow Package	Side Car	
Saddle Bags:		Front Tire Wear Remaining _____ %
	<u>Refurbishments</u>	
	Type _____	Rear Tire Wear Remaining _____ %
Radio:	Date _____	
	Cost _____	

Other Items: \_\_\_\_\_

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