



Equipment

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: _____ 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: _____

PIN:

Year: _____ Make: _____ Model: _____

Type: _____

Hours: _____

Engine Manufacturer: _____ Engine Model/Horsepower: _____

Transmission Manufacturer: _____ Transmission Model/Speeds: _____

Number of Axles: _____ Number of Drive Axles: _____ Previous Salvage/Branded Title: _____

Options & Equipment

EROPS	Other Items: _____	Conditions
Air Cond.	_____	Interior
OROPS	_____	Seats
Tire Size _____	_____	Glass
Ply Rating _____	_____	Dash
Track Width _____	_____	Exterior
Pad Size _____	_____	Body
Bucket Type	Overhaul Type: _____	Paint
Bucket Size _____	Hours Since: _____	Drivetrain
Backhoe Dipper Size	Date _____	Transmission
Backhoe Bucket Size _____	Cost _____	Hydraulics
Aux. Hydraulics		Engine
		Tires
		Front Tire Wear Remaining _____ %
		Rear Tire Wear Remaining _____ %
		Undercarriage
		Undercarriage Wear Rem. _____ %
		Pads _____ %
		Tracks _____ %

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