

NOTE: Area for explanation when photos lack clarity or VIN number not legible located at end of form

AUTOMOBILE INSPECTION REPORT

POLICY NO.

PART 1 INSURED INFORMATION

Name: _____ Telephone: _____
(Last, First, Initial)
Address: _____
(Street)

(City, State, Zip)
Policy/Binder/Application No. _____ Insurer _____
(Where Applicable)

PART 2 VEHICLE INFORMATION

License Plate No.: _____ State: _____ Year/Make: _____ Model: _____
Body Style 2 Dr. ___ 4 Dr. ___ St. W ___ Van ___ Minivan ___ Truck ___ Convttl ___ Htchbk ___ MtrCycl ___ Other ___
Mileage _____ Vehicle I.D. Number _____ Color: _____
Odometer (Obtain directly from vehicle)

RECORD ANY VISIBLE EXISTING DAMAGE TO ANY OF THE FOLLOWING AREAS OF THE AUTOMOBILE. CHECK THE BOX IF THERE IS DAMAGE OR RUST

- | | | | | | |
|------------------------------|--------------------------|-----------------------------|--------------------------|--------------------------|--------------------------|
| 1 Front Bumper | <input type="checkbox"/> | 9 Rt. Rear Qtr. Panel | <input type="checkbox"/> | 17 Lft. Rear Glass | <input type="checkbox"/> |
| 2 Grill | <input type="checkbox"/> | 10 Rt. Rear Door | <input type="checkbox"/> | 18 Rear Glass | <input type="checkbox"/> |
| 3 Lft. Front Fender | <input type="checkbox"/> | 11 Rt. Front Door | <input type="checkbox"/> | 19 Rt. Rear Glass | <input type="checkbox"/> |
| 4 Lft. Front Door | <input type="checkbox"/> | 12 Rt. Front Fender | <input type="checkbox"/> | 20 Rt. Front Glass | <input type="checkbox"/> |
| 5 Lft. Rear Door | <input type="checkbox"/> | 13 Hood | <input type="checkbox"/> | 21 Seats | <input type="checkbox"/> |
| 6 Lft. Rear Qtr. Panel | <input type="checkbox"/> | 14 Roof | <input type="checkbox"/> | 22 Center Console | <input type="checkbox"/> |
| 7 Rear Bumper | <input type="checkbox"/> | 15 Windshield | <input type="checkbox"/> | 23 Floor Covering | <input type="checkbox"/> |
| 8 Trunk/Rear Door | <input type="checkbox"/> | 16 Lft. Front Glass | <input type="checkbox"/> | 24 Dash Board | <input type="checkbox"/> |

Describe Damage _____

THE PRESENCE OF ANY OF THE FOLLOWING EQUIPMENT OR ACCESSORIES NOT FACTORY INSTALLED

- | | | | | | |
|-----------------------------|--------------------------|-------------------------------|--------------------------|---------------------------------|--------------------------|
| 1 Air Conditioning | <input type="checkbox"/> | 9 Power Steering | <input type="checkbox"/> | 17 Air Bags | <input type="checkbox"/> |
| 2 Tilt Wheel | <input type="checkbox"/> | 10 Power Brakes | <input type="checkbox"/> | 18 Automatic Transmission | <input type="checkbox"/> |
| 3 Power Antenna | <input type="checkbox"/> | 11 Vinyl Top | <input type="checkbox"/> | 19 Manual Transmission | <input type="checkbox"/> |
| 4 Power Trunk | <input type="checkbox"/> | 12 Mounted Brake Lights | <input type="checkbox"/> | 20 Rear Window Defogger | <input type="checkbox"/> |
| 5 Digital Instruments | <input type="checkbox"/> | 13 Cruise Control | <input type="checkbox"/> | 21 Rear Wiper | <input type="checkbox"/> |
| 6 Anti-Theft System | <input type="checkbox"/> | 14 Tape Deck | <input type="checkbox"/> | 22 Radar Detector | <input type="checkbox"/> |
| 7 Compact Disc Player | <input type="checkbox"/> | 15 CB Radio | <input type="checkbox"/> | 23 Telephone | <input type="checkbox"/> |
| 8 Radio/Stereo | <input type="checkbox"/> | 16 Custom Wheels/Tires | <input type="checkbox"/> | 24 Other | <input type="checkbox"/> |

Enter Make and Model, Where Applicable _____

Describe Other Accessories: _____

NOTE: The insured may at his/her discretion attach copies of receipts and/or other evidence showing the make and model of any accessories not factory installed

THE ABOVE IS A TRUE STATEMENT RECORDING ANY AND ALL EXISTING, VISIBLE DAMAGE, RUST AND/OR MISSING PARTS AS OF THE DATE OF THIS INSPECTION. THE UNDERSIGNED CERTIFIES, UNDER PENALTY OF PERJURY, THAT THIS INSPECTION REPORT IS TRUE AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Inspector Name: _____ Inspector Signature: _____
Date _____ Time _____ A.M. P.M. LOCATION: _____
Party Presenting Vehicle for Identification: _____
Relationship to Insured _____ Signature _____
(Where Applicable)

Photo/VIN Explanation Section _____

NOTE: Authority Code Sections 400, 401, 402, 403 and 12926. Reference: Insurance Code Sections 400, 402 and 403.