

INSPECTION FIELD REPORT

ASSIGNMENT INFORMATION:

Assignment #: _____ Contract #: _____ Claim #: _____
Client: _____ Adjuster: _____ Phone #: _____
Date Assigned: _____ Time Assigned: _____ Customer: _____
Vin #: _____ Vehicle Mileage: _____ Inspector: _____
Vehicle: Year: _____ Make: _____ Model: _____ Warranty Start: _____

REPAIR FACILITY INFORMATION:

Company: _____ Shop Phone #: _____ Shop Contact: _____
Address: _____ Date Called: _____ Time Called: _____
City, State: _____ Appt Date: _____ Appt Time: _____
Appt Set With: _____ Contact Stated: _____

ITEMS TO INSPECT:

INSPECTION ARRIVAL:

Arrival Date: _____ Arrival Time: _____ Service Writer: _____
R.O #: _____ R.O. Date: _____ Technician: _____ Labor Rate: _____ Per Hour

R. O. Complaints:

VEHICLE INFORMATION:

Actual VIN #: _____ Current Mileage: _____ Overall Condition: _____
Year: _____ Make: _____ Model: _____ Engine: _____ Trans: _____
Coolant: _____ Engine Oil: _____ Trans Fluid: _____ Collision: _____
Commercial: _____ Modifications: _____
Towing Equip: _____ Teardown : _____
Service Records: _____ Verbal Report to: _____ Date/Time: _____

FINDINGS OF PHYSICAL CONDITIONS:

CAUSE OF FAILURE:

I have reviewed the Inspectors Report, and I agree with the Findings of Physical Conditions and Cause of Failure of the Inspector, except as noted in any comments below. I realize the Inspector does not represent the Contract Administrator and can not authorize claim repairs or claim payments.

Agree with Inspector

Disagree with Inspector

Shop Comments:

Inspector Signature: _____ Shop Signature: _____ Date: _____