



1.888.475.9975 Phone | 1.888.475.9935 Fax | WWW.VVSI.COM | general@vvs.com

DIMINISHED VALUE REQUEST FORM

Valuation Methodology (circle one): VVS Proprietary (all states) or 17c (Georgia only)

Office ID Number: _____ Claim Rep: _____

Company Name: _____ Leased Vehicle: **YES** or **NO**

Company City/State: _____ Office Fax: _____

Office Phone: _____ E-Mail: _____

Claim Number: _____ Loss Payee: **INSURED** **CLAIMANT**

Type of Loss: _____ Name: _____

Date of Loss: _____ City/State: _____

VIN

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Condition Rating Guide (Circle One):

1=EXCELLENT 2=ABOVE AVERAGE 3=AVERAGE 4=BELOW AVERAGE 5=POOR

Please attach complete final estimate only

Please DO NOT SEND PHOTOS

Additional charges will apply for multiple estimates and/or pictures

If vehicle has previous repair history or improvements, attach complete details

Email: general@vvs.com | FAX: 888.475.9935