



Motorcycles

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: _____

VIN: _____

Year: _____ Make: _____ Model Number: _____
 Model Name: _____ Engine _____ CC _____ Mileage: _____
 Type: _____ Previous Salvage/Branded Title: _____

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

Other Items: _____

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