



Personal Watercraft

1.888.475.9975 Phone

www.vvsi.com

Valuation Request Form

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: _____

HIN:

Year: _____ Engine: _____

Model: _____ Model: _____

Type: _____ Previous Salvage/Branded Title: _____

Components	Options	Conditions
Deluxe Handle Bars		<u>Interior</u>
Mirrors		Paint
Cover	Hours _____	Seats
Fan Tail		Body
Ride Plate		<u>Propulsion</u>
High Flow Impeller		Engine
High Pro Exhuast		<u>Trailer</u>
Exhaust Silencer		Overall
Intake Grate		
Trailer:		
Other Items:		

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

Condition Ratings: 1 = Excellent 2 = Above Average 3 = Average 4 = Below Average 5 = Poor **PLEASE SEND PHOTOS IF AVAILABLE**