



Truck/Tractor

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: _____

Body Style: _____ Body Year/Make/Model: _____

Style: _____ Other Items: _____ Previous Salvage/Branded Title: _____

Engine Make / Model / HP: _____ Trans Make / Model / Speeds: _____

Two Speed Rear: _____ # Of Axles: _____ # Of Drive Axles: _____ # Of Tag Axles: _____

Front Axle Rating _____ Rear Axle Rating _____ GVW: _____ Wheel Base: _____ Odometer: _____

Interior	Options Exterior	Conditions
Conv Sleeper Size _____	Front Tire Size _____	<u>Interior</u>
COE Sleeper Size _____	Rear Tire Size _____	Interior
Sleeper Style: _____	Suspension _____	<u>Exterior</u>
Interior Trim _____	Lift Gate _____	Body
Radio: _____	Lift Gate Capacity _____	Paint
Air Ride Cab _____	Fuel Tank Type _____	Glass
Air Conditioning _____	# Of Fuel Tanks _____ Size _____	<u>Drivetrain</u>
SRS Air Bags _____	5th Wheel _____	Engine
<u>Exterior</u>	Type: _____	Transmission
APU _____	PTO _____	<u>Tires</u>
Front Wheel Type: _____	Wet Line Kit _____	Front Tire Wear Remaining _____ %
Outside Rear Wheel: _____	Air Brakes _____	Rear Tire Wear Remaining _____ %
Inside Rear Wheel: _____	Engine Brake _____	Other Items _____
	<u>Aerodynamics</u>	_____
	Side Fairings _____	_____
	Wind Deflector _____	
	Full Aero _____	

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