

## PHYSICAL DAMAGE INSPECTION/ MECHANICAL STATEMENT REPORT

Named Insured \_\_\_\_\_ Policy No.: \_\_\_\_\_  
 Address \_\_\_\_\_ Producer: \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

### VEHICLE INFORMATION

Year: \_\_\_\_\_ Make/Model: \_\_\_\_\_ Doors \_\_\_\_\_  
 VIN: \_\_\_\_\_ Color: \_\_\_\_\_ Odometer \_\_\_\_\_

FOR PHYSICAL DAMAGE COVERAGE, conduct a visual inspection of the vehicle and indicate on the illustration the areas where any damage exists, such as dents, holes, chips, scratches, rust, etc. Give special attention to bumpers, windshields and condition of paint. Describe any present damage in the space provided below.




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### MECHANICAL STATEMENT Must be signed by a certified mechanic shop

#### MECHANICAL INFORMATION

Tire condition good       Yes  No  
 Brakes working properly    Yes  No  
 Headlights working         Yes  No  
 Tail lights working         Yes  No  
 Engine in good condition    Yes  No

#### ACCESSORIES AND OPTIONAL EQUIPMENT

Air Conditioner                           Yes  No  
 Anti-Theft Device                         Yes  No  
 Automatic Transmission                 Yes  No  
 Bucket Seats                               Yes  No  
 CB Radio                                  Yes  No  
 Custom Wheels                           Yes  No  
 Customized Body                          Yes  No  
 Heated Seats                               Yes  No  
 Leather Seats                               Yes  No  
 Navigation System                        Yes  No  
 Power Seats                                Yes  No  
 Power Steering/Brakes                  Yes  No  
 Power Windows                          Yes  No  
 Radio – AM/FM Stereo Cassette – CD Player    Yes  No  
 Special Packages                          Yes  No  
 Special Tires                               Yes  No  
 Sunroof                                     Yes  No  
 Tinted Glass                               Yes  No  
 Vinyl Top/Special Roof                  Yes  No  
 Aftermarket Items (please list) \_\_\_\_\_

Name of shop: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Inspected by: \_\_\_\_\_ Date: \_\_\_\_\_