

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.



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: _____