American Freedom Insurance Company
1699 Wall St. Suite 600
Mount Prospect, IL 60056

PHYSICAL DAMAGE INSPECTION/ MECHANICAL STATEMENT REPORT

Date of Inspection:	Time:	Insurer Name:	Policy No.:
Insured's Name: Insured's Address		City: State: Zip:	
Inspector: (Print)	Inspection Site: (Name/Address)		
Description of Vehicle:	Color:	Body Style:	
Year:	Make:	Model:	
Vehicle Identification Number: (Obtain directly from vehicle, dash or EPA sticker)			
From:			Odometer Reading: (Must be completed)
Discrepancies Between Numbers:			
Plate Number:	State:	Garaged At:	

Mark (X) Damaged Areas

Chipped or Broken Glass	☐	Bumper (Rear)	☐	Fender Skirts	☐
Scratch	☐	Trunk	☐	Side Molding	☐
Dent	☐	Hood-Grill	☐	Windshield	☐
Missing Hubcaps(s)	☐	Top	☐	Rear Window	☐
Faded Paint	☐	Right Side	☐	Side Glass	☐
Bumper (front)	☐	Left Side	☐	Tires	☐

Is there existing body or paint damage marked above? If so, describe: _____

_____

Is there existing glass damage marked above? If so, describe:_____

_____

Have any modifications been made to this vehicle? ☐ No ☐ Yes: describe_____

Interior Condition: ☐ Good ☐ Fair ☐ Poor, explain_____

Exterior Condition: ☐ Good ☐ Fair ☐ Poor, explain_____

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)

_____

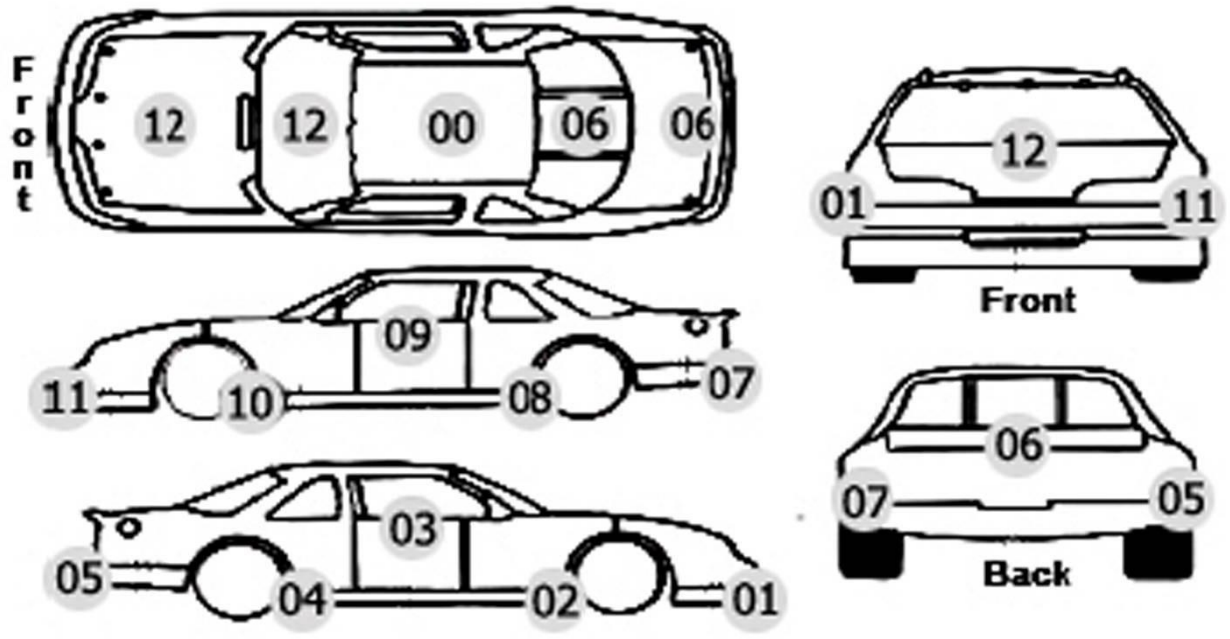
_____

Physical Condition of Vehicle

Check damaged areas or areas in poor condition and describe below.

Body	**01**	**02**	**03**	**04**	**05**	**06**	**07**	**08**	**09**	**10**	**11**	**12**	**00**

Glass	**03**	**06**	**09**	**12**

Describe items checked above and any other damage:

The undersigned certifies that this preinsurance inspection report is true and attests to the authenticity of the Vehicle Identification Number.