AUTOMOBILE APPRAISAL FORM

Our File Number

VEHICLE OWNER INSURANCE COMPANY	D							B	Rus			PHO	ONE N								DATE OF A	PPR	AISAL			
INSURANCE COMPANY	D							1 H	11.15		PHONE NUMBER												DATE OF APPRAISAL			
INSURANCE COMPANY	D							Bus. Res.							Day	Day Mo. Yr.										
INSURANCE COMPANY F					FILE/	CLAIN	LAIM NUMBER REPAIRER NAME & ADDRESS																			
ADJUSTER DATE OF LOSS						VEH	ICLE	MAKE	KE					YEAR MODEL					ODEL							
Day Mo. Yr.																										
LICENCE PLATE NO. & PROV. VIN NO.																			ODOMETER READING							
						1	l													1		□ Mi. □ Km				
						Ч.							_						1							
Repair Replace Description of Work to be done						Labour Hours						,	Pan	l No.		Part Price		Sublet								
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										1																
Remarks														Т	ОТ	ALS	3									
							Į	Labour: Hrs. \$ /Hr.																		
								Parts: \$ less % \$																		
							Tax %														Ī					
																						Ī				
Appraiser						Towing															-					
Lauthoriza						Less Recoverable GST/HST														- [
I authorize to repair vehicle according to repair cost as itemized.																										
Customer's Signature:						Total Repair Cost																				
The undersigned agrees to complete and guarantee all the						 լ	ess	Dedu	ıctil	ble	_										L					
repairs to the above vehicle as per appraisal.					Betterment Prior Damage																					
Repairman's Signature:					A	Add: Appearance Allowance																				
The repairs have been completed. I authorize the company to make payment of \$ to the above repair shop on my behalf. Customer's Signature:				to	NET TOTAL																					

 $\hbox{THIS APPRAISAL IS VALID ONLY FOR 30 DAYS FROM DATE OF APPRAISAL. PARTS SUBJECT TO MANUFACTURER'S WARRANTY. \\$