

## 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: \_\_\_\_\_