

Claim Information

Customer Claim Number	Customer Reference	Loss Date	Type of Loss	Prior Damage/Other Deductions
			<input type="checkbox"/> Collision <input type="checkbox"/> Fire <input type="checkbox"/> Flood <input type="checkbox"/> Theft	

Claim Rep

Company	Claim Rep Name	Claim Rep Email	Claim Rep Phone

Owner/Insured

Owner Name	Owner Phone	Owner Email	Can DCI contact owner?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Owner City	Owner State	Owner Zip	Sales Tax Rate %

Vehicle/Asset

VIN	Year	Make	Model	Series
Body Type	Axle Configuration	GVWR	Overall Condition	
			<input type="checkbox"/> Excellent <input type="checkbox"/> Above Avg <input type="checkbox"/> Average <input type="checkbox"/> Below Avg <input type="checkbox"/> Poor	

Trailer Types

Trailer Body Type	
<input type="checkbox"/> Cargo <input type="checkbox"/> Flatbed <input type="checkbox"/> Dump <input type="checkbox"/> Utility <input type="checkbox"/> Skid <input type="checkbox"/> Car Hauler <input type="checkbox"/> Boat <input type="checkbox"/> Horse <input type="checkbox"/> ATV/Motorcycle <input type="checkbox"/> Other _____	
<input type="checkbox"/> Open <input type="checkbox"/> Enclosed <input type="checkbox"/> Tilt <input type="checkbox"/> Full Partial	<input type="checkbox"/> 5th Wheel <input type="checkbox"/> Gooseneck <input type="checkbox"/> V-Nose <input type="checkbox"/> Bumper Pull

Length	Width	Side Wall Height	Capacity	Contents Hauled

Powertrain

Suspension	<input type="checkbox"/> Spring <input type="checkbox"/> Torsion
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Tires/Axles

I/S Wheel Type	Qty	O/S Wheel Type	Qty	<input type="checkbox"/> Super Single	Axle Configuration
<input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Alum/Steel		<input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Alum/Steel			<input type="checkbox"/> Single <input type="checkbox"/> Tandem
Rear Tire Size	Qty	Rear Tire Tread Remaining			
		<input type="checkbox"/> New <input type="checkbox"/> 90% <input type="checkbox"/> 80% <input type="checkbox"/> 70% <input type="checkbox"/> 60% <input type="checkbox"/> 50% <input type="checkbox"/> 40% <input type="checkbox"/> 30% <input type="checkbox"/> 20% <input type="checkbox"/> 10%			
			Rear Axle Rating		

Service Requested

- Total Loss Valuation
- Guaranteed Salvage Bid*
- Cost Audit
- Full Appraisal
- Diminished Value*
- Collision Estimate

* Salvage Bids and Diminished Value requests require a photo and estimate.

Type of Vehicle

- Non-Commercial Trailer

Comments/Additional Info:

Please include date & cost on upgrades /add-ons.

- Pictures Receipts* from owner
- *Please do not include maintenance receipts.

Truck/Trailer Body Options

Composition	Deck	Lining	Trailer Body Features
<input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Aluminum/Steel <input type="checkbox"/> Other _____	<input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Wood <input type="checkbox"/> Other _____	<input type="checkbox"/> Aluminum <input type="checkbox"/> Wood <input type="checkbox"/> Other _____	<input type="checkbox"/> Spare Tire <input type="checkbox"/> Side Door (Qty ____) <input type="checkbox"/> Side Rails (Height ____) <input type="checkbox"/> Rear Door <input type="checkbox"/> Swing <input type="checkbox"/> Roll-Up <input type="checkbox"/> Rear Ramp <input type="checkbox"/> Barn Doors <input type="checkbox"/> Other _____
			<input type="checkbox"/> Ramps <input type="checkbox"/> Pull Out <input type="checkbox"/> Drop Down <input type="checkbox"/> Side <input type="checkbox"/> Beavertail <input type="checkbox"/> Other _____

Paint Condition	Repainted	Date	Cost
<input type="checkbox"/> Excellent <input type="checkbox"/> Above Avg <input type="checkbox"/> Average <input type="checkbox"/> Below Avg <input type="checkbox"/> Poor	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Exterior Features

Accessories
<input type="checkbox"/> E-Track <input type="checkbox"/> Ladder Rack <input type="checkbox"/> Spare Tire <input type="checkbox"/> D-Rings (Qty ____) <input type="checkbox"/> Power Roof Vents (Qty ____) <input type="checkbox"/> Railgate (Capacity ____ lbs.) <input type="checkbox"/> Tarp System <input type="checkbox"/> Manual <input type="checkbox"/> Electric <input type="checkbox"/> Tongue Jack <input type="checkbox"/> Manual <input type="checkbox"/> Power

Tool Box 1	Tool Box 2
<input type="checkbox"/> Steel <input type="checkbox"/> Aluminum Dimensions: _____ Date/Cost: _____	<input type="checkbox"/> Steel <input type="checkbox"/> Aluminum Dimensions: _____ Date/Cost: _____

* Please put additional tool boxes in Comments/Additional Info Box above.

Interior Features

Interior Condition
<input type="checkbox"/> Excellent <input type="checkbox"/> Above Avg <input type="checkbox"/> Average <input type="checkbox"/> Below Avg <input type="checkbox"/> Poor