

Claim Information

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

Claim Rep

Company	Claim Rep Name	Claim Rep Email	Claim Rep Phone

Owner

Name	Phone	E-mail	Can DCI contact owner?	<input type="checkbox"/> Insured
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Claimant
Address	City	State	Zip	

Service Requested

Total Loss Valuation (ACV)
 Taxes & Fees Calculation for TL
 Diminished Value*
 Right of Appraisal
 Guaranteed Salvage Solution
 Collision Estimate / Inspection
 Desk Review
 Underwriting Valuation

* Salvage Bids and Diminished Value requests require photos and estimate.

Type of Vehicle

Commercial Trailer

Vehicle/Asset

VIN	Year	Make	Model

GVWR	Overall Condition	Powertrain	Suspension
	<input type="checkbox"/> Excellent <input type="checkbox"/> Above Avg <input type="checkbox"/> Average <input type="checkbox"/> Below Avg <input type="checkbox"/> Poor		

Tires/Axles

I/S Wheel Type	Qty	O/S Wheel Type	Qty	Axle Rating	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"/> Super Single			<input type="checkbox"/> Single <input type="checkbox"/> Tri <input type="checkbox"/> 2 Axle <input type="checkbox"/> Quad <input type="checkbox"/> Fixed Spread <input type="checkbox"/> 5 Axle <input type="checkbox"/> Sliding Tandem
Tag / Pusher Axle Wheel Type	Qty	Tag/Pusher Axle Rating			
<input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Alum/Steel <input type="checkbox"/> Super Single					
Tire Size	Qty	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%			
Tag Axle Tire Size	Qty	Tag 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%			

Comments/Additional Info:

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

Pictures Receipts* from owner

*Please do not include maintenance receipts.

Trailer Types

<input type="checkbox"/> Dry Freight Length (ft): _____ <input type="checkbox"/> Reefer <input type="checkbox"/> Intermodal Container <input type="checkbox"/> Intermodal Reefer Container <input type="checkbox"/> Intermodal Chassis		Reefer Unit Type <input type="checkbox"/> Carrier <input type="checkbox"/> Ingersol Rand <input type="checkbox"/> Thermo King <input type="checkbox"/> Whisper <input type="checkbox"/> Generic (Unknown) <input type="checkbox"/> Other _____	Reefer Hours _____ <input type="checkbox"/> Unknown / Assume Avg	<input type="checkbox"/> Side Skirts <input type="checkbox"/> Undercarriage Spoiler <input type="checkbox"/> Trailer Tail <input type="checkbox"/> Stainless Steel Nose and Rear Frame
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<input type="checkbox"/> Flatbed Length (ft): _____ <input type="checkbox"/> Dropdeck Capacity (tons): _____ <input type="checkbox"/> Lowboy <input type="checkbox"/> Headboard <input type="checkbox"/> Winches/Straps <input type="checkbox"/> Side Kits <input type="checkbox"/> Side Kit <input type="checkbox"/> Curtain Side (Tautliner) <input type="checkbox"/> Roll Top (Conestoga) <input type="checkbox"/> Hi Bow Side Kit
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<input type="checkbox"/> Aluminum <input type="checkbox"/> Pneumatic Length (ft): _____ <input type="checkbox"/> Steel <input type="checkbox"/> Vacuum <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Other _____	Capacity (gals): <input type="checkbox"/> Less than 7,000 <input type="checkbox"/> 7,000 - 8,000 <input type="checkbox"/> 8,001 - 10,000 <input type="checkbox"/> More than 10,000	# of Compartments _____ Cargo <input type="checkbox"/> Chemical <input type="checkbox"/> Sanitary <input type="checkbox"/> Crude Oil <input type="checkbox"/> Waste <input type="checkbox"/> Gasoline <input type="checkbox"/> Water <input type="checkbox"/> Industrial Gas <input type="checkbox"/> Other _____
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<input type="checkbox"/> Car Carrier <input type="checkbox"/> Open <input type="checkbox"/> Enclosed <input type="checkbox"/> Chipper <input type="checkbox"/> Closed Top <input type="checkbox"/> Open Top	<input type="checkbox"/> Dump <input type="checkbox"/> Logging # of Bunks _____	<input type="checkbox"/> Belt Floor Trailer <input type="checkbox"/> Grain <input type="checkbox"/> Roll Off	<input type="checkbox"/> Walking Floor Trailer <input type="checkbox"/> Livestock <input type="checkbox"/> Other _____	Length (ft): _____ Capacity: _____ yds <input type="checkbox"/> gals <input type="checkbox"/> ton
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Truck/Trailer Body Options

Composition <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Aluminum/Steel <input type="checkbox"/> Other _____	Deck <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Wood <input type="checkbox"/> Other _____	Lining <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Kermite <input type="checkbox"/> Plastic <input type="checkbox"/> Composite <input type="checkbox"/> Poly <input type="checkbox"/> Wood <input type="checkbox"/> Other _____	Side and Rear Doors <input type="checkbox"/> Rear Door <input type="checkbox"/> Swing Rear Door <input type="checkbox"/> Roll-Up <input type="checkbox"/> Rear Ramp <input type="checkbox"/> Swing Up Dump Gate <input type="checkbox"/> Other <input type="checkbox"/> Side Door (Qty _____)
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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
Branded Title <input type="checkbox"/> Salvage Title <input type="checkbox"/> Rebuilt Title

Exterior Features

Accessories <input type="checkbox"/> E-Track <input type="checkbox"/> Railgate (Capacity _____ lbs.) <input type="checkbox"/> Vibrator <input type="checkbox"/> Tarp System <input type="checkbox"/> Manual <input type="checkbox"/> Electric	Tool Box 1 <input type="checkbox"/> Steel <input type="checkbox"/> Aluminum Dimensions: _____ Date/Cost: _____	Tool Box 2 <input type="checkbox"/> Steel <input type="checkbox"/> Aluminum Dimensions: _____ Date/Cost: _____	Tool Box 3 <input type="checkbox"/> Steel <input type="checkbox"/> Aluminum Dimensions: _____ Date/Cost: _____
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