

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	

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			Rear Axle Rating
		<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%			

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"/> 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 _____

Exterior Features

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

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

Service Requested

<input type="checkbox"/> Total Loss Valuation (ACV) <input type="checkbox"/> Taxes & Fees Calculation for TL <input type="checkbox"/> Diminished Value* <input type="checkbox"/> Right of Appraisal <input type="checkbox"/> Guaranteed Salvage Solution <input type="checkbox"/> Collision Estimate / Inspection <input type="checkbox"/> Desk Review <input type="checkbox"/> Underwriting Valuation
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* Salvage Bids and Diminished Value requests require photos and estimate.

Type of Vehicle

<input type="checkbox"/> Non-Commercial Trailer

Comments/Additional Info:

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

Pictures Receipts* from owner

*Please do not include maintenance receipts.