1.888.475.9975 phone
1.888.475.9935 fax
www.v-v-s.com

DIMINISHED VALUE REQUEST FORM

Valuation Methodology (circle one): VVS Proprietary (all states) or 17c (Georgia)

Office ID Number _____
Company Name _____
Company City/State _____
Office Phone _____
Claim Number _____
Type Of Loss _____
Date Of Loss _____

Claim Rep _____
Return Via: *Fax (plus $2.50)* *or* *E-Mail*
Office Fax _____
E-Mail _____
Loss Payee: *Insured* *Claimant*
Name _____
City/State _____

VEHICLE INFORMATION

VIN | | | | | | | | | | Y | | | | | | | |

Year _____
Make _____
Model _____
Body Style _____
Trim _____

Engine _____
Transmission _____
Mileage _____
Pre-Loss Condition _____

Options _____
_____
_____
_____

Condition Rating Guide:

1 = Excellent, 2 = Above Average, 3 = Average, 4 = Below Average, 5 = Poor

If vehicle has previous repair history or improvements, attach complete details.

Please attach complete final estimate only.

Additional charges will apply for multiple estimates and/or pictures.

No Cover Sheet Necessary

fax - 888.475.9935

vvsi 08/15/06