



Commercial Trailer

Valuation Request Form

1.888.475.9975 Phone

www.vvsi.com

1.888.475.9935 Fax

general@vvsi.com

Office ID Number: _____ Company: _____

Claim Rep Name: _____ Email: _____

Phone / Fax: _____ Calculate Sales Tax: _____ Car Fax Requested: _____

License Fee Amount: _____ Deductible: _____

Salvage Value: _____ Salvage Bid Requested: _____ Claim Ref #: _____

Type Of Loss: _____ Date Of Loss: _____

Owner / Insured: _____ Insured Phone / Contact: _____

City / State / Zip: _____

Appraiser Company: _____ Appraiser Name: _____

Appraiser Phone / Email: _____ Appraisal Amount: _____ ACV Amount: _____

VIN:

Year: _____ Make: _____ Model: _____

Type: _____ Other: _____

Exterior _____ # of Axles _____ Length _____ Previous Salvage/Branded Title: _____

Options

<u>Trailer Components</u>	<u>Refrigerated Trailers</u>	<u>Conditions</u>
Height _____	Cooling Unit Year _____	<u>Interior</u>
Width _____	Cooling Unit Mfg _____	Lining _____
Sliding Axle _____	Cooling Unit Model _____	<u>Exterior</u>
Suspension: _____	Cooling Unit Hours _____	Body _____
GVW _____	CARB Compliant _____	Paint _____
ABS _____	Refrigerated Commodity _____	<u>Mechanical</u>
Interior Lining _____	<u>Tank Trailers Only</u>	Hydraulics _____
Insulated _____	Tank Size _____	Cooling Unit _____
Rear Door Type _____	Compartments _____	<u>Tires</u>
Side Door _____	Baffled _____	Front Tire Wear Remaining _____ %
Outside Wheel Type: _____	Pump System _____	Rear Tire Wear Remaining _____ %
Inside Wheel Type: _____	Heated _____	
Tire Size _____	Commodity Carried _____	
Liftgate _____	Tank Code _____	
Liftgate Capacity: _____	Other Items: _____	
Spread Axle _____	_____	
Aero Skirts _____	_____	
Tarp: _____	_____	
Refurbishments _____ Date/Cost _____	Prior Damage Description _____ Amount _____	