

Salvage Assessment Report

Claim & Insured Details

Claim Number: _____

Policy Number: _____

Date of Loss: _____

Insured Name: _____

Contact: _____

Vehicle Details

Make

Model

Year

VIN

Odometer

License Plate

Damage Description

Salvage Assessment

Assessment Date

Assessed By

Location of Salvage

Condition of Major Components

Estimated Salvage Value

Remarks & Recommendations

Reviewer Information

Assessor Name:

Signature:

Date: