

Salvage Claim Recommendation Report for Insured Fleets

1. Report Overview

Report No.: _____

Date: _____

Prepared by: _____

Insured Fleet Name: _____

2. Claim Details

Vehicle No.	Make & Model	Registration No.	VIN/Chassis No.	Date of Incident	Claim Reference
_____	_____	_____	_____	_____	_____

3. Incident Summary

4. Assessment Summary

5. Salvage Valuation

Estimated Pre-accident Value	Estimated Salvage Value	Assessor's Notes
_____	_____	_____

6. Recommendation

7. Additional Remarks

Insurer Representative

Name: _____
Date: _____

Assessor

Name: _____
Date: _____

Insured Party

Name: _____
Date: _____