

# 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
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## 3. Incident Summary

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## 4. Assessment Summary

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## 5. Salvage Valuation

Estimated Pre-accident Value	Estimated Salvage Value	Assessor's Notes
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## 6. Recommendation

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## 7. Additional Remarks

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Insurer Representative

Name: \_\_\_\_\_

Date: \_\_\_\_\_

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Assessor

Name: \_\_\_\_\_

Date: \_\_\_\_\_

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Insured Party

Name: \_\_\_\_\_

Date: \_\_\_\_\_