

Salvage Damage Appraisal Sheet

Company Insurance

1. Policy & Insured Details

Policy Number

Claim Number

Date of Loss

Insured Name

Contact Number

Email

Address

2. Salvaged Item Details

| Item Description | Quantity | Serial/ID Number | Original Value | Estimated Salvage Value |
|----------------------|----------------------|----------------------|----------------------|-------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

3. Appraisal Summary

Appraised Total Salvage Value

Remarks / Notes

4. Appraiser Details

Name

Contact

Date

Appraiser Signature

Insured Signature

Date