

Salvage Recovery Verification Report

Report No.

Date of Report

Insurance Company

Policy Number

Claim Number

Business Information

Business Name

Contact Person

Phone Number

Address

Vehicle Information

Make

Model

Year

VIN

License Plate No.

Loss & Recovery Details

Date of Loss

Location of Loss

Recovery Date

Recovered By

Current Vehicle Location

Condition & Inspection

General Condition

Description of Damage

Missing Parts/Components

Odometer Reading

Comments/Notes

Inspector's Signature

Date