

		Audatex Request #		Audatex ID # (Required)					
		<input type="checkbox"/> Total Loss      Point of Impact: Gross Estimate Amount \$:		Claim Rep Name	Claim Rep Phone #	Loss Date			
Claim #		Policy #		Owner Name		(1st) Owner Phone #	Loss Type		
Market Area (City/Zip/Postal Code)		Inspection (City & State)		<input type="checkbox"/> Insured <input type="checkbox"/> Claimant		(2nd) Owner Phone #			
10 <sup>th</sup> digit-model year K=89 L=90 M=91 N=92 P=93 R=94 S=95 T=96 V=97 W=98 X=99 Y=2000 1=01 2=02 3=03 4=04 5=05 6=06 7=07 8=08 9=09 A=10 B=11 C=12									
Odometer/Hours <input type="checkbox"/> Actual		Ext. Color		VIN:					
Year	Make	Model	Model Designation/Edition		# of Cylinders	Engine Displacement (cc/cui)			
<b>MOTORCYCLE / ATV EQUIPMENT</b>									
<b>APPEARANCE</b> <input type="checkbox"/> Windshield Only <input type="checkbox"/> Half Fairing <input type="checkbox"/> Full Fairing <input type="checkbox"/> Tinted Windscreen <input type="checkbox"/> Cowl Cover <input type="checkbox"/> Custom Seat Cost: _____ Date: _____ <input type="checkbox"/> Custom Wheels Cost: _____ Date: _____ <input type="checkbox"/> Custom Paint Cost: _____ Date: _____ <input type="checkbox"/> Chrome Accessories Cost: _____ Date: _____ <input type="checkbox"/> Powder Coated Frame <input type="checkbox"/> Polished Aluminum Frame <input type="checkbox"/> Stretched Tank <input type="checkbox"/> Tank Bra <input type="checkbox"/> Wide Tire Kit		<b>PERFORMANCE</b> <input type="checkbox"/> Adjustable shocks <input type="checkbox"/> AM Traction Control <input type="checkbox"/> Big Bore Kit    Size: _____ <input type="checkbox"/> Cold Air Intake <input type="checkbox"/> Custom Exhaust <input type="checkbox"/> Full <input type="checkbox"/> Slip-on <input type="checkbox"/> Carbon Fiber Cost: _____ Date: _____ <input type="checkbox"/> EFI Power Commander <input type="checkbox"/> Right Side Drive Conversion <input type="checkbox"/> Rear Foot Controls (Rear Set) <input type="checkbox"/> Stainless Brake Lines <input type="checkbox"/> Steering Damper		<b>UTILITY</b> <input type="checkbox"/> Alarm <input type="checkbox"/> Back Rest <input type="checkbox"/> Rider <input type="checkbox"/> Passenger <input type="checkbox"/> Crash Bars <input type="checkbox"/> Footboards <input type="checkbox"/> Rider <input type="checkbox"/> Passenger <input type="checkbox"/> Forward Controls <input type="checkbox"/> Highway Pegs <input type="checkbox"/> Intercom/CB <input type="checkbox"/> Light Bar Luggage <input type="checkbox"/> Soft Saddle Bags <input type="checkbox"/> Hard Saddle Bags <input type="checkbox"/> Travel Trunk <input type="checkbox"/> Luggage Rack <input type="checkbox"/> Heated Grips Radio <input type="checkbox"/> AM/FM Stereo <input type="checkbox"/> AM/FM Cassette <input type="checkbox"/> CD Player <input type="checkbox"/> Tank/Tool Bag <input type="checkbox"/> Trailer Hitch		<b>OFFROAD/ENDURO/ATV</b> ATV Bumper(s) <input type="checkbox"/> OEM <input type="checkbox"/> Aftermarket <input type="checkbox"/> Front <input type="checkbox"/> Rear ATV Snowplow <input type="checkbox"/> Harness Only <input type="checkbox"/> With Blade <input type="checkbox"/> ATV Storage Seat <input type="checkbox"/> Brush Guard <input type="checkbox"/> Cargo Box <input type="checkbox"/> Fog Lights <input type="checkbox"/> Gun Rack <input type="checkbox"/> Hand Guards <input type="checkbox"/> Front Rack <input type="checkbox"/> Rear Rack <input type="checkbox"/> Nerf Bars <input type="checkbox"/> Reverse <input type="checkbox"/> Skid Plates <input type="checkbox"/> Street Legal Kit <input type="checkbox"/> Winch			
<b>CONDITIONING:</b>									
<b>INTERIOR</b>		<input type="checkbox"/> ABOVE AVERAGE <input type="checkbox"/> AVERAGE <input type="checkbox"/> BELOW AVERAGE		Prior Damage Cost: \$					
<b>EXTERIOR</b>		<input type="checkbox"/> ABOVE AVERAGE <input type="checkbox"/> AVERAGE <input type="checkbox"/> BELOW AVERAGE		Prior Damage Cost: \$					
<b>MECHANICAL</b>		<input type="checkbox"/> ABOVE AVERAGE <input type="checkbox"/> AVERAGE <input type="checkbox"/> BELOW AVERAGE		Prior Damage Cost: \$					
<b>ENGINE</b>	Rebuilt Engine	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mileage/Hours on Rebuild:		Cost: \$			
<b>TRANS</b>	Rebuilt Trans	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mileage/Hours on Rebuild:		Cost: \$			
<b>OTHER MECHANICAL RECEIPTS</b>		Desc/\$:		Date work done/Part(s):					
<b>TIRES</b>		<input type="checkbox"/> ABOVE AVERAGE <input type="checkbox"/> AVERAGE <input type="checkbox"/> BELOW AVERAGE		Prior Damage Cost: \$					
<b>GENERAL COMMENTS:</b>									