J & E Appraisal Services P.O. Box 75055, Seattle, WA 98175 206-363-8205 Fax: 206-363-8183

INS. CO. _____ FILE# _____

ADJ _____X_____ DATE ASSIGNED_____

_____ DEDUCTIBLE_____

_____ DATE OF LOSS _____

_____

_____

Please complete the task(s) circled below:

DAMAGE APPRAISAL LOW IMPACT SERIES EVALUATION

PHOTOS ONLY SCENE PHOTOS DIAGRAM

CLAIM #_____ MEASURED PHOTOS POLICE REPORT

INSURED_____

ADDR_____

PHONE#_____
(HOME) (WORK)

CLAIMANT_____

ADDR_____

PHONE#_____
(HOME) (WORK)

VEHICLE_____
(YEAR) **(MAKE)** **(MDL)**

_____
(COLOR) **(VIN)** **(LIC)**

VEH LOC._____

_____

SHOP_____ **PH#**_____**EST$**_____

DAMAGE_____

_____

_____

_____