| DIMINISHED VALUE INTAKE FORM   |                   |                   | Today's Date:      |              |  |  |
|--|-------------------|-------------------|--------------------|--------------|--|--|
| Law Office   |                   |                   | Requested By(name) |              | Email  |  |
|  |                   |                   |                    |              |  |  |
| Year   | Year Make         |                   | Model              |              | Series   |  |
|  |                   |                   |                    |              |  |  |
| Miles @ Loss   | Engine            |                   | Transmission       |              | Drivetrain   |  |
|  | Gas Diesel Hybrid |                   | Auto               | Manual       | 2WD 4WD  |  |
| VEHICLE IDENTIFICATION NUMBER  |                   |                   |                    |              |  |  |
|  |                   |                   |                    |              |  |  |
|  | e Owner           |                   |                    | Date of Loss |  |  |
|  |                   |                   |                    |              |  |  |
| Airbag Deployment<br>Y No Unsure Yes                                   |                   |                   | Frame Damage       |              | Overall Condition (10=like new)   1 2 3 4 5 6 7 8 9 10 |  |
|  |                   | Date of Previo    |                    | iic          | ous Accident Description                               |  |
| Yes No Unsure  |                   |                   |                    |              |  |  |
| Claim Type   |                   | Insurance Company |                    |              | Claim Number   |  |
| 1 <sup>st</sup> Party 3 <sup>rd</sup> Party                            |                   |                   |                    |              |  |  |
| Police Report Cost of  |                   |                   | Repair             | Exist        | ng / Unrelated Damage                                  |  |
| Yes No \$  |                   |                   |                    | C            | SERVICE REQUESTED                                      |  |
| Please circle the damage area(s) on the vehicle below                  |                   |                   |                    | Free Quote   |  |  |
|  |                   |                   |                    |              | Please include repair estimate                         |  |
| R1 R2 R3   |                   | R4                | R5 R6              | Desk Appra   | aisal \$175<br>Please include repair estimate          |  |
| A  | 1                 |                   | N                  | Field Appra  |  |  |
| [Υ]  |                   |                   | -1                 |              | Please include repair estimate & vehicle location      |  |
| A B  |                   | с                 | DE                 | Mandatory    |  |  |
|  |                   |                   |                    |              |  |  |
|  |                   |                   | ——                 |              |  |  |
|  |                   |                   |                    |              |  |  |
| L1 L2  | L3                | L4                | L5 L6              |              | <b>•</b> • • • •                                       |  |
|  |                   |                   |                    |              | <ul><li>Appraisal</li><li>O Engine</li></ul>           |  |
| FAX FORM TO: 678-868-1832 OR EMAIL TO: ASSIGNMENTS@APPRAISALENGINE.COM |                   |                   |                    |              |  |  |