



SUPPLEMENTAL PAYMENT REQUEST SUMMARY

APPRAISER

DATE

CLAIM #		DATE OF LOSS	INDEX #	CLIENT	
POLICY#					
INSURED ADDRESS CITY, STATE, ZIP PHONE HOME WORK			CLAIMANT ADDRESS CITY, STATE, ZIP PHONE HOME WORK		

THE BASIS FOR THIS SUPPLEMENTAL PAYMENT REQUEST IS:

- ☐ We were unable to inspect the listed damages without the vehicle being disassembled.
- ☐ The listed mechanical could not be checked until the vehicle was in operating condition.
- ☐ LKQ or aftermarket parts did not meet repair specification or were not available at time of repair.
- ☐ Parts price increases.
- ☐ Other (see remarks).
- ☐ Direct Pay Authorization attached.
- ☐ Photos attached.
- ☐ Invoices attached.
- ☐ Towing Charges.
- ☐ Vehicle Released to Owner Please Pay Shop Direct.
- ☐ Supplemental Parts Invoices are retained in our file and can be faxed direct to the file handler upon request.

REMARKS:

--

REPAIR FACILITY ADDRESS CITY, STATE, ZIP PHONE FAX TAX ID TAX RATE	TOTAL SUPPLEMENT COST: LESS: BETTERMENT SUPPLEMENT DUE:
--	---