

IMPACT GENERAL, INC.

1405 East Chapman Avenue
Orange, CA 92866
(800) 688-1628
www.impactgeneral.com

Send to: assignments@impactgeneral.com

VEHICLE COMPONENT FAILURE / VEHICLE FIRE

Request for Analysis

All Components Analyses, Fire Origin & Cause, Mfg./Design Defects, EDR Download

Insured: _____ **Claimant:** _____
Claim Number: _____ Date & Time of Loss: _____
Adjuster: Mr. Ms. _____ Phone No.: _____ Fax No.: _____
Firm Name: _____
Street: _____ City: _____ State: _____ Zip: _____
Please address report to: Mr. Ms. _____
E-mail: _____
Shipping Address (if different from above): _____

Vehicle & Document Information:

Year, Make, Model: _____ Location: _____
License Plate: _____ Address: _____
VIN: _____ Contact/Phone: _____
Mileage: _____ Stock/Lot #: _____
Facility has been given authorization for Impact General's inspection Yes No
Any recent repairs made? Yes No Explain _____
Work Orders: Enclosed herewith Being sent Requested Not available
Documents submitted: Repair estimate Photographs Statement(s) Police/Fire Report

Component Failure:

Loss Scenario: _____
Analysis Requested: _____
1. What did driver feel or observe prior to the accident? _____
2. Were any warning lights on dash? Yes No Explain _____
3. Any vibration or abnormal noises? Yes No Explain _____
4. Brake issue: What was the brake pedal feel? _____
5. Engine Failure: Describe failure (i.e. smoke, smoke color, vibration, noise) _____
6. Steering Issue: Describe failure (i.e. hard to steer, normal steer, no steer, vibration) _____
7. Tire Failure: F/L F/R R/L R/R
Make: _____ Model: _____

Fire Causation:

Loss Scenario: _____
Analysis Requested: _____

1. Was the vehicle parked? Yes <input type="checkbox"/> No <input type="checkbox"/> How long before fire was noticed?	_____
2. Were any warning lights on dash? Yes <input type="checkbox"/> No <input type="checkbox"/> Which ones?	_____
3. Was the vehicle hard to steer? Yes <input type="checkbox"/> No <input type="checkbox"/> Explain	_____
4. Did the transmission shift okay prior to fire? Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
5. Did the engine misfire or run rough? Yes <input type="checkbox"/> No <input type="checkbox"/> Explain	_____
6. What equipment was in use? (i.e. radio, A/C, etc.)?	_____
7. Was vehicle towing another vehicle/trailer? Yes <input type="checkbox"/> No <input type="checkbox"/> Climbing a grade? Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
8. Where was smoke first noticed?	_____
9. What color was the smoke? <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Gray <input type="checkbox"/> Other	_____