

Included in this form Set

★ Feel free to makes as many copies of this set as you need!

nformation Sheets

- 1. Information sheet for Truck
- 2. Information sheet for Trailer
- 3. Information sheet for Cargo
- 4. Information sheet for Off Road Equipment
- 5. Information sheet for Misc Salvage

Steps for Submission To Web Page



- 1. Fill out as completely as possible the Information sheet that would correspond to your equipment. (We will be happy to give you templates so that you can type these sheets in your computer.)
- 2. We need 4 pictures at least.
 (We prefer shots from the 4 corners on equipment. show it really well.

If you feel additional photos would be beneficial, we will post up to 20 pictures. (Cargo will often need more than 4 pictures to show it really well.)

If you are using 35 mm, please take 4 additional photos at the time of your inspection and send by "next business day" overnight. Overnight is less than one day of storage.

- 3. Once you have collected all information please go to our website to submit the information and upload the photos. You can also email the photos to service@bigtrucksalvage.com. Please complete the forms as fully as possible. This will improve the chances that your bids will be higher than if you leave some fields blank.
- 4. If you mail your submission please address to BigTruckSalvage 300 Corporate Center Ct. Stockbridge, GA. 30281
- 5. Remember to give us the information about the company you are handling the claim for if you wish us to bill them direct for the service (Company, Examiner Name, Their Claim Number, etc)We will forward the bid sheets to you the morning after closing, along with a copy of our service bill

You need to send the submissions as soon as you know the equipment will total in order to avoid additional storage charges.

IF YOU HAVE ANY QUESTIONS, PLEASE GIVE US A CALL AT 770-474-4007



| Truck Salvage | 300 Corporate Center Ct., Stockbridge, GA 30281 | | | | | 770-474-4007 | |
|-----------------------------------|---|------------------|------------|---------------------|-----------|---------------|-------------|
| | www.bigtrucksalvage.com | | | | | <u>Fax:</u> 7 | 70-474-0976 |
| Information Sheet Tractor | | Your File Number | er: | | | | |
| Location of Salvage (City, State) | | | | | | | |
| Closing Date for Bids | | | | | | | |
| Year, Make, Model | | | | | | T | |
| Truck ACV (Very Important) | | | Тур | e of Title Given (I | mportant) | | |
| Vin Number | | | | | | | |
| Engine (Make, Model, HP) | | | | | _ | | |
| Vehicle Mileage | | | | Hub Mileage: | | | |
| Cab Type | | | | | | | |
| Sleepers | Type: | | Roof: | | Inches: | | |
| Rear Axle (Make, Model, Ratio) | Make: | | Model: | | Ratio: | | |
| Transmission (Make, Model) | Make: | | Model: | | | | |
| Suspension (Type) | | | | | | | |
| Fuel Tanks | Gallons: | | Made of: | | Number: | | |
| Fifth Wheel (Make, Type) | Make: | | Type: | | | | |
| Wheels | Size: | | Type: | | Made of: | | |
| | | /32 Tread left: | Recap: | | /32 Trea | ad left: | Recap: |
| Tires | Front | | | Front | | | - |
| Please indicate a star by | LRFO | | | RRFO | | | |
| damaged tires * | LRFI | | | RRFI | | | |
| Please indicate all recapped | LRRO | | | RRRO | | | |
| tires with " RECAP" | LRRI | | | RRRI | | | |
| Please list comments about the | e vehicle. | Example: Roll o | ver, Hood, | Cab, Sleeper Da | amaged, E | Drive Trai | in Ok. |
| | | · | | • | - | | |
| | | | | | | | |
| | | | | | | | |
| Circle one: Photos sent: | | Overnight: | | Reg. Mail: | | E-mail: | |
| Your Information | Insurance Company Infomormation | | | | | | |
| Your Name: | | | Insu | rance Company: | | | |
| Your Company Name: | | | | Insured: | | | |
| Your File Number: | | | | Examiner: | | | |
| Phone Number: | | | | Examiner's Fax: | | | |
| Fax Number: | | | | Policy / Claim: | | | |
| E-mail Address: | | | | Date of Loss: | | | |
| *Office Use Only* | | | | | | | |
| | User ID: | | | Submi | tted By: | | |
| P | assword | | | Submit | ted On: | | |
| | BTS File | | | | | - | |
| Clos | ing Date | | | | | | |



| Trailer Salvage | | | 300 Corporate Center Ct., Stockbridge, GA 30281 | | | | Phone: 770-474-4007 | |
|---------------------------|----------------------|-------------------------|---|---------------|---------------------|------------|---------------------|--------------|
| | | www.bigtrucksalvage.com | | | | | <u>Fax:</u> | 770-474-0976 |
| Information Sheet | | | Your File Number: | | | | | |
| Location of Salva | | | | | <u></u> | | I | |
| Closing Date for E | Bids | | | | Trailer ACV (Very I | | | |
| Vin Number | | | Type of Title (Important) | | | | | |
| Year & Make | | | T | | 1 | 1 | | |
| Trailer Size | | Length: | | | Width: | | 1 | |
| Trailer Type | Check One: | | Dry Van | | Reefer | | Cattle | |
| If Other, please write ty | ype next to the box: | | Flat Bed | | Dump | | Other | |
| Condition | Check One: | | Good | | Fair | | Poor | |
| Suspension | Check One: | | Spring | | Air | | Other | |
| Tandem | Check One: | | Sliding | | Fixed | | Split | |
| Outer Skin | Check One: | | Aluminum | | Prepainted | | Steel | |
| Outer Okin | OHECK OHE. | | Stainless | | FRP | | Other | |
| Floor | Check One: | | Aluminum | | Wood | | Steel | |
| Doors | Check One: | | Roadside | | Curbside | | Vent | |
| Inside | Check One: | | Kemlite | | Plywood | | Steel | |
| Ceiling | Check One: | | Kemlite | | Plywood | | Steel | |
| Post | Check One: | | Interior | | Exterior | | Other | |
| Reefer Unit (Make | e, Model, Hrs) | Make: | | Model: | | Hours: | | |
| Dump (Type, Size | e, Door Type) | Type: | | Size: | | Doors: | | |
| Wheels (Size, Typ | | Size: | | Type: | | Made of: | | |
| Tires | | | /32 Tread left: | Recap: | | /32 Tread | left: | Recap: |
| Please indicate a | star by damaged | LRFO | | | RRFO | | | |
| tires * | | LRFI | | | RRFI | | | |
| Please indicate a | all recapped tires | LRRO | | | RRRO | | | |
| with "RECAP" | | LRRI | | | RRRI | | | |
| Please list comme | ents about the vehi | cle. Exam | ple: Roll over, Left s | side damag | e, Tandem Ok, Ect. | | | |
| Circle one: F | Photos sent: | (| Overnight: | | Reg. Mail: | | E-ma | iil: |
| Your Information | <u>ı:</u> | | | | Insurance Co. I | nformation | n: <u>*</u> | |
| Your Name: | | | | | Insurance Co.: | | | |
| Your Company Na | ame: | | | | Insured: | | | |
| Your File Number | : | | | | Examiner: | | | |
| Phone Number: | | | | | Examiner's Fax: | | | |
| Fax Number: | | | | | Policy / Claim: | | | |
| E-mail Address: | | | | | Date of Loss: | | | _ |
| *Office U | Jse Only* | | | | | | | |
| User ID: | | | | Submitted By: | | | | |
| | Password | | | | Submitted On: | | | |
| | BTS File | | | | | | | - |
| | Closing Date | | | | | | | |



| Cargo Salvage | 300 Corporate Center Ct., Sto www.bigtrucksalvage | P <u>hone:</u> 7 <u>70-474-4007</u> Fax: 770-474-0976 | |
|--------------------------------------|--|--|---------------------------------|
| Information Sheet Cargo | Your File Number: | | 1000 |
| Location of Salvage (City, State) | | | · |
| Closing Date for Bids | | | |
| Brief Description of Cargo | | | |
| Description of Damage | | | |
| Example: Water Damage | | | |
| Broken Edges, Ect | | | |
| Description of Accident | | | |
| Example: Roll Over, Collision | | | |
| Fire, Not tarped properly, Ect | | | |
| Value of Load | | Consigned To: | |
| Shipper | | Weight: | |
| Location where salvage | | | |
| can be inspected | | | |
| Actually Address, Phone Numbers, Ect | | | |
| Please list any comments about the | e cargo that will help give the salvage buyer | a better idea of the da | amage to this piece of salvage. |
| | | | |
| Circle one: Photos sent: | Overnight: | Reg. Mail: | E-mail: |
| Your Information: | | Insurance Co. Info | ormation: * |
| Your Name: | | Insurance Co.: | |
| Your Company Name: | | Insured: | |
| Your File Number: | | Examiner: | |
| Phone Number: | | Examiner's Fax: | |
| Fax Number: | | Policy / Claim: | |
| E-mail Address: | | Date of Loss: | |
| *Office Use Only* | | | |
| | User ID: | Submitte | |
| F | Password | Submitte | ed On: |
| Clar | BTS File sing Date | | |
| Cios | sing vale | | |



| Off-Road Salvage | 300 Corporate Ce www.big | ckbridge, GA 3028 e.com | 1 | Phone: 770-474-4007 Fax: 770-474-0976 | |
|--|-----------------------------|----------------------------|-------------------------|--|--------------------------------------|
| Information Sheet Off-Road | Your File Number: | | | | |
| Location of Salvage (City, State) | | | | | |
| Closing Date for Bids | | | ACV (Very Impor | tant) | |
| Year, Make and Model | | | | | |
| VIN (Very Inportant) | | | | | |
| Engine (Make, Model, HP) | Make: | Model: | | HP: | |
| Transmission (Make, Model) | Make: | Model: | <u>.</u> | | |
| Auxiliary Power Unit | | | | | |
| ROPS (Open or Closed) | | | | | |
| Other Cab Options, AC, Heat, Radio, Ect | | | | | |
| Water Tank Equipment | | | | | |
| List Tire or Track | | | | | |
| List Tire or Track Size | | | | | |
| Attachment information should Furnish as much information as | | e, manufactu | rer, articulating, fixe | ed, size of | the bucket(s),ect Please |
| Front Attachments Rear Attachments | | | | | |
| Boom | | | | | |
| Please list any comments about piece of salvage. For example | | | | | <u>er idea of the damage to this</u> |
| Circle one: Photos sent: | Overnigh | t: | Reg. Mail: | | E-mail: |
| Your Information: | <u> </u> | | Insurance Co. In | formatio | |
| Your Name: | | | Insurance Co.: | | |
| Your Company Name: | | | Insured: | | - |
| Your File Number: | | | Examiner: | | |
| Phone Number: | | | Examiner's Fax: | | |
| Fax Number: | | | Policy / Claim: | | |
| E-mail Address: | | | Date of Loss: | | |
| *Office Use Only* | | | | | |
| User ID: | | | Submit | ted By: | |
| F | Password | | | ted On: | |
| | BTS File | | | | |
| Clo: | sing Date | | 1 | | |



| Misc Salvage | 300 Corporate Center Ct., Stockbridge, GA 30281 www.bigtrucksalvage.com | | | | Phone: 770-474-4007 Fax: 770-474-1383 | |
|---|--|--------|------------------|----------|--|--|
| Information Sheet Off-Road | Your File Number: | | | | | |
| Location of Salvage (City, State) | | | | | | |
| Closing Date for Bids | ACV (Very Important) | | | | | |
| Year, Make and Model | | | | | | |
| VIN (Very Inportant) | | | | | | |
| Engine (Make, Model, HP) | Make: | Model: | | HP: | | |
| Transmission (Make, Model) | Make: | Model: | | | | |
| Mileage or Hours on Engine | | | | | | |
| Special Options or Equipment | | | | | | |
| Special Equipment: | | | | | | |
| Additional features not listed elsewhere in the misc. salvage survey sheet: | | | | | | |
| Description of Damage: | | | | | | |
| Comments: | | | | | | |
| Comment For BTS Administrators: Not Shown on site! | | | | | | |
| Circle one: Photos sent: | Overnight | t: | Reg. Mail: | | E-mail: | |
| Your Information: | | | Insurance Co. In | formatio | <u>n</u> : | |
| Your Name: | | | Insurance Co.: | | | |
| Your Company Name: | | | Insured: | | | |
| Your File Number: | | | Examiner: | | | |
| Phone Number: | | | Examiner's Fax: | | | |
| Fax Number: | | | Policy / Claim: | | | |
| E-mail Address: | | | Date of Loss: | | | |
| *Office Use Only* | | | | | | |
| | User ID: | | | tted By: | | |
| F | Password | | Submit | ted On: | | |
| Cla | BTS File | | | | | |