



# HAWAII VEHICLE INSPECTION REPORT SUPPLEMENT

THIS IS NOT A SAFETY INSPECTION

This supplement is to be completed whenever Property Damage coverage (Comprehensive and/or Collision) is being included under the automobile policy.

INSPECTION DATE	TIME	AM PM	INSURANCE COMPANY	POLICY NUMBER
INSURED'S NAME AND ADDRESS		PHONE (A/C. No.):		INSPECTION SITE NAME AND LOCATION
				PHONE (A/C. No.):
				SITE ID #:
YEAR	VEHICLE MAKE	MODEL	BODY STYLE	2 DOOR 4 DOOR
VEHICLE IDENTIFICATION NUMBER (Obtain directly from vehicle)		EXTERIOR COLOR(S)	INTERIOR COLOR(S)	LICENSE PLATE
VIN LOCATION:		PRINCIPAL PLACE OF GARAGING		STATE
				ODOMETER READING

Has insured had any previous vehicle theft losses?  Yes  No (If yes, explain under remarks.)

### DAMAGED VEHICLE INFORMATION

Damage Area Diagram  
(Please use appropriate numbers)

Are there any damaged or missing parts on the vehicle?

Yes  No

(If yes, show applicable number and explain under remarks.)

(14) - Windshield

(15) - Other Glass

Is there any fogged, cracked or broken glass?

Yes  No (If yes, explain under remarks.)

(16) - Hood

(17) - Trunk

(18) - Wheel Cover(s) Missing

### REMARKS

STATEMENT BY PRODUCER: I personally have checked the applicant's vehicle and the V.I.N. (vehicle identification number) of the vehicle. The above is a true statement of its condition. I have explained to the applicant that no insurance will be afforded with respect to any defective glass or damaged condition as noted above.

Producer's Signature \_\_\_\_\_