

INSPECTION – REPAIR AFFIDAVIT – LIGHTNING LOSS

Date: _____

Policy No: _____ Claim No: _____

To Whom It May Concern:

I inspected/repaired (Item damaged) _____

Model No: _____ Serial No: _____ Year Model: _____ Size: _____

Item owned by: (Name of insured) _____

Address: _____

Are damaged item(s) or part(s) available for inspection? _____ If yes, where? _____

If no, why not? _____

If lightning, please complete 1 through 7 below:

1. If TV, did lightning enter through antenna circuit? _____
2. If TV, did lightning enter through power circuit? _____
3. In your professional opinion, can the unit be repaired? _____
4. If unit can be repaired, what is the total bill, including parts and labor? Please attach itemized estimate. _____
5. What was actual cash value of the item at the time of loss? _____
6. The comparable replacement of this unit would be: Make _____
Model _____
Size _____
Price _____
7. What is the salvage value of damaged unit? _____

Name: _____

Firm Name: _____

Address: _____

Tele No: _____