



# 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	<input type="checkbox"/> AM <input type="checkbox"/> 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	<input type="checkbox"/> 2 DOOR <input type="checkbox"/> 4 DOOR
VEHICLE IDENTIFICATION NUMBER (Obtain directly from vehicle)		EXTERIOR COLOR(S)	INTERIOR COLOR(S)	LICENSE PLATE
VIN LOCATION:				STATE
				ODOMETER READING

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

## DAMAGED VEHICLE INFORMATION

Are there any damaged or missing parts on the vehicle?

☐ Yes ☐ No

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

Is there any fogged, cracked or broken glass?

☐ Yes ☐ No (If yes, explain under remarks.)

(14) - Windshield

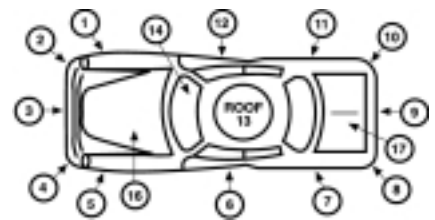
(15) - Other Glass

(16) - Hood

(17) - Trunk

(18) - Wheel Cover(s) Missing

Damage Area Diagram  
(Please use appropriate numbers)



## 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 \_\_\_\_\_