

# Neeley Appraisal

## Request & Appraisal

(803) 345-1717  
405 John Kinard Ct  
Chapin, SC 29036

File #

Date

Date of Loss

Client or Company Name

Policy #

City

Claim #

Adjuster

Deductible

Assigned By

Contract #

E-mail

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Owner or Insured

Bus. Phone #

Address

Home Phone #

Address line 2

Claimant

Bus. Phone #

Address

Home Phone #

Address line 2

# Loss Information

Year

Make

Model

ID #

License #

Location

Contact Person

Phone #

Description of Damage

Remarks

Please email me a confirmation

Yes

No

**Please email completed for to: [appraisal911@sc.rr.com](mailto:appraisal911@sc.rr.com)**