

***Customer Information***

Customer Name

Address

City

State

Zip

Phone Number

Email Address

***Vehicle Information***

Make

Model

Style

Miles

Color

Color Code

License Plate No

License Plate State

VIN#

***Insurance Information***

Insurance Claim YES

NO

Insurance Company

Claim Number

Claim Representative

Claim Rep Phone Number

***Damage Description***

***Please include all needed Photos of the Damaged Areas***

	Front	Rear	Drivers Side <Left>	Passenger Side <Right>	Drivers Left Front	Passenger Right Front	Drivers Left Rear	Passenger Right Rear
Primary Damage								
Secondary Damage								
Vehicle Driveable ?	Yes	No	Is the Vehicle Leaking Fluids ?		Yes	No		

Please include a brief description of the damage. Include items that may not show in the pictures.