

AUTO DAMAGE EXPERTS CLIENT INFORMATION

Client Information:

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Home Phone: _____
Business Phone: _____
Cell Phone: _____
Fax: _____
E-Mail _____

Insurer: (Which paid for the Repair)

Name: _____
Adjustor: _____
Phone: _____
Policy#: _____
Claim#: _____
Date of Loss: _____

Vehicle Information:

VIN#: _____
Color: _____ Mileage: _____
Model: (GX, SE, etc) _____
Accessories (factory): _____

Added Accessories (Non-Factory) _____
Vehicle was purchased: New _____ Used _____ Date _____ Cost \$ _____
Name of selling party: (dealership, individual etc.) _____

Seat Belt/Restraint Use information: Please advise who was driving and how many passengers were in the vehicle at the time of the loss (including child restraints, seat, booster etc.). Furthermore, please describe which occupants were wearing their seat belts and/or shoulder restraint devices at the time of the loss:

Previous losses or damage/repair: Yes _____ No _____ If yes, when: _____

If yes, please describe occurrences, nature of damages (location) if frame/unibody damages, amount of damages, and how many times, this vehicle has sustained damages. (Please use back of this form if additional space is needed _____)

By my signature below I affirm the above information is correct and accurate to the best of my knowledge and recollection.

X:

Signature

Date

X:

Witnessed by

(ADE-Rev -07-08)