



We Don't Remove Dents.... We Remove Doubts!!!

DIMINISHED VALUE CLIENT INFORMATION FORM

Client Information:

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

Repair Facility Information:

Name: Address: City: State: Zip: Business Phone: Business Fax: Direct Repair Facility: Selected by: Insurer: Other: Dealership Independent Unknown

Insurer: (Which paid for the Repair)

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

Your Ins? Their Ins.? Amount of Deductible Paid \$

Appraisal Company: (If Not Insurance Co)

Name: Phone: E-mail:

Vehicle Information:

VIN#: Year: Make: Color: Mileage: Tag & State: Model: Style (conv, 2 door/4 door) 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