Chehalis COLLISION CENTER

360.996.4263 | chehaliscollisioncenter.com

REPAIR ESTIMATE INFORMATION FORM

How did you hear about our service?

☐ Friend ☐ Insurance Company ☐ Repeat Customer ☐ Yellow Pages ☐ Radio Ad

☐ Drive By ☐ Dealer Referral ☐ Website ☐ Other

Customer Information

First Name

Last Name

Address

City

State

Zip

Day Phone

Evening Phone

Email Address 1

Contact Me By

☐ Phone ☐ Email

SOURCE OF REPAIR PAYMENT

☐ My Insurance ☐ Their Insurance ☐ Owner Payment

Insurance Company

Date of Accident

Adjusters Name

Claim Number

Amount of Deductible

Adjusters Phone Number

Print Form **Send Form**

OFFICE USE ONLY

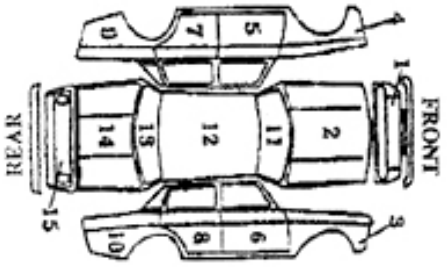
VIN #

Estimator _____ Date _____

Make_____ Model_____ Year_____ Prod Date_____ Trim Code_____ Tire Size_____

Mileage_____ Lic.# _____ Paint Code_____ Stripe Code_____ Engine Size_____

NOTES



Prior Damage