## **COLLISION CENTER INFORMATION FORM**

"Our goal is to return your vehicle to it's pre-loss condition. If you have any special needs, be sure to let us know, and thank you for giving us the opportunity to serve you!"

Please Print.....Thank You! Name: Address: City: St: Zip: Cell Phone: Hm Phone: Work Phone: E-Mail: Vehicle Yr: Make: Model: Color: Your Insurance Company: Claim# Claim# Other Driver's Insurance Company: Is there any non-related damage you would like an estimate on? Yes: No: check one that applies Describe(if yes was checked):\_\_\_ 1. Who's paying for the repairs? 2. How did you hear about our shop? 3.Do you know what o My insurance company o Repeat Customer your co-pay is? oTheir insurance company o Customer Referral o \$0 o \$250.00 o I'm paying for the repairs o Agent Referal o Other o Radio Ad o \$500.00 o Driving By o \$1000.00 o Car Dealer Referral o Other o Yellow Pages o Other 4. Do you have an estimate already 5. Are you getting a rental vehicle? prepared by an Insurance Company? o Hertz o Yes o Enterprise o Customer pay Toyota o No o Undecided o Shuttle Service Customer Notes: Adjuster Only Vin# Mileage: Tag# \_\_\_\_\_<del>-</del>\_\_\_\_ Production Date:\_\_\_\_\_ Notes: