



CUSTOMER FACTS OF LOSS / DAMAGE TO VEHICLE

1. Who is your insurance company if you are a claimant of another person's carrier?

2. How did the impact/damage to your automobile occur?

3. Was the vehicle in motion or parked during the incident? _____
4. How many passengers were in the vehicle during the incident? _____
5. Of those passengers how many were wearing their seat belt during the incident? _____
6. Speed during impact if vehicle was not parked? _____
7. Did you feel the force of impact if vehicle is in motion? _____
8. Any lights come on the dash at the time of impact or after? _____
9. Any noises or issues with steering/alignment since? If so please explain to the best of your ability.

10. Any aftermarket equipment installed to the vehicle in the past at the area of impact?

11. Have you had paint protection film / ceramic coating applied to the body or the glass in the past? If so do you know what company/brand it is? _____
12. Was there a car seat in the vehicle at the time of impact? Even if not in use? _____
 - a. If YES, please contact your insurance company to replace immediately even if not in use.
13. Any other information you would like to share about the incident?

14. Tint, vinyl stickers, parking passes, DOT Transponders or any other decals may interfere with the completion calibrations or other safety requirements by your vehicle manufacturer. They will need to be removed either by yourself or the technician may do so in order for those services to be completed safely. These requirements vary by manufacturer.

Customer Signature: _____ Date: _____