

Panel Shop _____
Contact _____
Phone _____
Repair Start Date _____

Is the clients car:

- DRIVEABLE**
 NON DRIVEABLE
 TOTAL LOSS

YOUR CAR

DRIVER

Name _____ Insurance Company _____
Mobile _____ Claim Number _____
Address _____ State _____ Postcode _____
Email _____

Vehicle Details:

Make _____ Model _____ Year _____ Rego No. _____

OWNER

Name _____ Insurance Company _____
Mobile _____ Claim Number _____
Email _____

OTHER CAR (at fault party)

DRIVER

Name _____ Insurance Company _____
Mobile _____ Claim Number _____
Address _____ State _____ Postcode _____
Email _____

Vehicle Details:

Make _____ Model _____ Year _____ Rego No. _____

OWNER

Name _____ Insurance Company _____
Mobile _____ Claim Number _____
Email _____

ACCIDENT DETAILS

Accident Date _____
Detailed Description of Accident _____

Accident Location _____
Diagram / Drawing

INJURIES Has the driver or passenger been injured? **YES** **NO**