

Customer: _____
Address: _____



VEHICLE INFORMATION

Home # _____
Work # _____
Fax # _____
Cell # _____
Email _____

(Year) _____ (Make) _____ (Model) _____
Plate # _____ Color _____
Is your vehicle drivable? Y or N
Do you need a tow? Y or N
If towing, where/when will we get vehicle?

AGENT INFORMATION

Agent Name _____
Agent Contact _____
Phone # _____
Fax # _____

When will you drop off car? _____
How were you referred to ASI?

Are you a repeat customer? Y or N

INSURANCE CO. INFORMATION

Has Ins. Co. been contacted? Y or N
Insurance Co. _____
Claim # _____
Adjuster _____
Phone # _____
Adjuster Extension _____
Fax # _____
Loss date _____
Type of Loss _____
Point of Impact _____

APPRAISAL INFORMATION

Has insurance company done an appraisal?
Y or N If yes, when? ____ / ____ / ____
Written by? _____
Phone # _____
Appraisal Amount _____
Deductible taken? Y or N or Pending
Amount of deductible? _____
Betterment taken? Y or N Amount? _____
Amount of check sent _____
Date check sent _____
Check sent to ASI or Insured

Do you need a rental? Y or N
Do you have rental coverage? Y or N
How much coverage? None \$15 \$30 \$45
Is ASI setting up an Enterprise rental?
Y or N

<p>3rd Party Insurance Co. _____ 3rd Party Claim # _____ 3rd Party Adjuster _____ Phone # _____ Extension _____ Fax # _____ Is 3rd party ins. accepting liability? Y or N Has 3rd party ins. issued payment? Y or N Is 3rd party ins. authorizing rental? Y or N Will 3rd party direct bill Enterprise? Y or N</p>

ADDITIONAL CUSTOMER REQUESTS/CONCERNS?
