



CUSTOMER DAMAGE CLAIM FORM

CLAIM INFORMATION		
Date Reported _____	Invoice # _____	Call # _____
Towed By _____	Retowed By _____	Current Vehicle Location _____
Prepared By _____	Date _____ Time _____	Reported By ☐ Phone ☐ In person ☐ Driver

CUSTOMER INFORMATION	
Customer Name _____	Phone # _____
Email _____	Preferred Contact ☐ Phone ☐ Email

VEHICLE INFORMATION		
Year _____	Make _____	Model _____
Color _____	Tag / State _____	VIN _____

DAMAGE INFORMATION	
Photo Documentation ☐ Before Pictures ☐ After Pictures ☐ Damage Pictures	
Description of Damage (include location, extent, and how/when discovered) _____ _____ _____	

OFFICE USE	
Additional Information _____ _____ _____ _____	Handled By _____
Status ☐ Pending ☐ Completed	Status Date _____

Attach photographs, estimates, receipts, invoices, and supporting correspondence to this form.