

Fleet Services Cover Sheet (must return with estimate)

Copy or enter exactly as on the cover sheet provided with the assignment by the client.

Claim Number:

Customer:

Copy or enter exactly as on the cover sheet provided with the assignment by the client.

Branch

Copy or enter exactly as on the cover sheet provided with the assignment by the client.

Please complete the Q&A below and fax to 1-215-485-4651 with a copy of the estimate

Estimator Name:

Appraisal Date:

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 (mm/dd/yy)

Estimate Amount:

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Frame Hours:

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Repair Shop:

Required Agreed Price?

 Yes **No**

With Whom?

Do they agree to work from SCA estimate

Opens?

 Yes **No**

If yes, Open Amount:

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Open Items:

Shop Estimate

Difference

(if any):

Additional Comments:

Decal Replacement
Required?

(company logo) **Yes** **No**

If yes, panels involved:

Specific wording and

color of all decals

needed (name and numbers)
