



AUTOMOTIVE REPAIR RE-INSPECTION FORM

Re-Inspector's Name: _____
(Please Print Name)

(Date Report Completed)

Vehicle Owner: _____
(Vehicle Owners Name)

(Claim Number)

Have the repairs been completed?

_____ _____
(Yes) (No)

A. Parts not replaced per original estimate?

_____ _____
(Yes) (No)

B. Damage enhanced?

_____ _____
(Yes) (No)

C. Billed for repairs not done?

_____ _____
(Yes) (No)

D. Recycled parts available and not used?

_____ _____
(Yes) (No)

E. Non-OEM parts used?

_____ _____
(Yes) (No)

F. Parts repaired not replaced?

_____ _____
(Yes) (No)

G. Parts estimated not repaired or replaced

_____ _____
(Yes) (No)

H. Duplicate item billed?

_____ _____
(Yes) (No)

I. Other (Please explain below)

_____ _____
(Yes) (No)

J. Has repair facility supplied you with parts receipts?

_____ _____
(Yes) (No)

Variance:

Original Estimate Amount \$

Revised Estimate Amount \$

Variance Amount \$

General comments / recommendations of Re-inspector:

(If more room needed attach additional sheet)

