

Claim Number:	
ASIGNMENT TYPE:	
ASSIGNMENT FOR:	
INITIAL SERVICE CALL TO CUSTOMER:	
ESTIMATE GIVEN TO:	
ESTIMATE/SUPP REVIEWED WITH CUSTOMER:	
INSPECTION LOCATION:	
CALLED SHOP FOR TEARDOWN:	
VEHICLE @ SHOP - WAS IT TORN DOWN?	
SUPP EXPECTED/(explain in narrative if yes):	
NOT ABLE TO REACH AGREED REPAIR AMOUNT:	REASON ENTERED IN NARRATIVE
APPEARANCE ALLOWANCE (Y/N):	
BETTERMENT - EXPLAINED/DOCUMENTED:	
CARPART.COM SEARCHED & other sources	
ALTERNATIVE PARTS ACCEPTED by CUSTOMER	
Customer's right to choose own shop Exp.	
Gross Estimate Amount:	
Direction for payment:	
Days - To Repair:	
Assign Completed & Uploaded from Veh location:	
Settlement service call made to customer:	
*Agreed price with - NAME- SHOP PERSON:	
\\ MIST (Y/N):	
<b>&lt;&lt;&lt;&lt;&lt; NARRATIVE - REQUIRED &gt;&gt;&gt;&gt;&gt;</b>	