

Customer Information Sheet

Customer: _____ Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Business Phone: _____
Cell Phone: _____ E-mail: _____
Estimator: _____ Date/Time: _____

Description of Vehicle

Year: _____ Make: _____ Model: _____
Color: _____ VIN: _____
License Plate No. _____ Mileage: _____

Insurance Information

Date of Loss: _____ Claim: Collision _____ Comp. _____ Third Party _____
Customer's Carrier: _____ Claim No.: _____
Third Party Carrier: _____ Claim No.: _____
Adjuster/Claim Rep _____ Phone No. _____
Existing Estimate: Yes ___ No ___ Copy Provided: Yes ___ No ___ Rental Coverage: Yes ___ No ___

Payment Status

Has Customer Received Ins. Payment? Yes _____ No _____ Amount _____
Deductible Amt.: _____ Liability Determined? Yes _____ No _____
Total Loss Determination Pending? Yes _____ No _____

Referral Source

Past Customer _____ New Customer _____ Referral Type: _____
(Customer Referral; Employee Referral; DRP Assignment; Ins. Agent Referral; Drive by; Reputation; Internet)

Customer Drop Off _____ Towing Company Drop Off (Co. Name) _____

You agree that the information above is accurate and authorize HCC to contact you via text or email regarding your vehicle.

X _____ Date: _____
Customer (Estimator: Initial if Information Taken via Phone).