



Accident Information Questionnaire

For Fast Track Scheduling

PLEASE PRINT & FILL OUT COMPLETELY

Customer Information

Vehicle Information

Today's Date: / / 2015

Name: _____

Year: _____

Home Phone: _____

Make: _____

Work Phone: _____

Model: _____

Cell Phone: _____

Mileage: _____

VIN Number: _____

(This is located on your Vehicles Registration)

Physical Address: _____

City/State: _____ Zip: _____

PO Box: _____

City/State: _____ Zip: _____

Please Give Your E-Mail Address And Help Us Keep It Green

email: _____

(DESIGNATE IF CASE SENSITIVE)

INSURANCE INFORMATION

IF YOU ARE UNSURE ABOUT THE BELOW INFORMATION – WE WILL GLADLY TO HELP YOU

Insurance Company _____

Insurance Agency _____

Example: (Geico / Progressive/ Plymouth Rock)

Example: (Mone / MV Insurance /Tashmoo)

Have You Filed A Claim as of This Date? (Circle One)

YES NO

Claim Number: _____

Date of Loss: / / 2015

Has the Appraisal Been Done By the Insurance Company? (Circle One)

YES NO

Adjusters Name (That Did the Appraisal): _____

Date: / / 2015

PLEASE FILL OUT SECOND PAGE



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By understanding the circumstance of the collision, we can perform an accurate damage analysis of your vehicle. These questions will help us identify all of the damage to your vehicle ensuring complete insurance coverage and that the **VEHICLE IS REPAIRED AND RETURNED TO "PRE-ACCIDENT CONDITION"**.

How fast was the vehicle going?

What or how was hit the vehicle?

Please Check the seat belts that were being worn at the time of the accident

Driver Front Passenger Rear Left Rear Center Rear Right Other

Did the vehicle hit a curb? (Circle One) YES NO

Was the vehicle parked? (Circle One) YES NO

Have you noticed any noise or vibrations after the collision? (Circle One) YES NO

If YES Please Explain:

Has the vehicle handled differently since the collision? (Circle One) YES NO

If YES have you experienced a Shimmy or Shaking or Pulling? Please Explain:

Are Emergency Repairs Needed in order to drive the vehicle now?

Was anything spilled during the collision? – Insurance in most instances will cover stains

Are there any other repairs you would like to have done while your vehicle is in the repair facility?
