



# DAMAGE REPORT

**PROFESSIONAL COLLISION REPAIR**  
 123 Main Street  
 Anytown, ST 12345  
 987-555-1234 FAX 987-555-4321

NAME _____			DATE _____ PREPARED BY _____		
ADDRESS _____		EMAIL _____	DIRECT PHONE _____		E-MAIL _____
CITY _____	STATE _____	ZIP _____	YEAR, MAKE, MODEL _____		
HOME PHONE _____	BUS. PHONE _____	CELL PHONE _____	LICENSE NO. _____	MILEAGE _____	BODY TYPE _____
INS. CO. _____ CLAIM NO. _____			V.I.N. _____ OPTIONS _____		
ADJUSTOR _____ PHONE _____			PROD. DATE _____	COLOR _____	PAINT CODE _____
			DATE OF LOSS _____	LOSS TYPE _____	DEDUCTIBLE SETTLEMENT _____

1.	Repair	Replace	DESCRIPTION All parts new unless otherwise specified.	Parts	Body	Frame	Paint	Clear Coat	Mech.	Sublet	Misc.
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
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17.											
18.											
19.											
20.											
21.											
22.											
23.											
24.											
25.											

Old parts discarded unless otherwise instructed.  
 Repair of rust damage guaranteed.

LABOR			TOTAL			
	HRS.	RATE	AMOUNT			
BODY					TOTAL PARTS (Prices Subject to Invoice)	
FRAME					TOTAL LABOR	
PAINT					TOTAL SUBLET/Misc.	
CLEAR COAT					PAINT & MATERIALS	
MECHANICAL						
TOTAL LABOR					TOWING/STORAGE	
					WASTE DISPOSAL	
					SUB-TOTAL	
					5% TAX	
					<b>TOTAL</b>	

This Quotation is based on our inspection and does not cover any additional parts or labor which may be required after the work has been started. Occasionally, worn or damaged parts are discovered which may not be evident on the first inspection. Quotation on parts are current and subject to change.

**AUTHORIZATION FOR REPAIR.** You are hereby authorized to make the above repairs. It is understood that full payment is due upon release of vehicle, including supplemental charges.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_