

United Collision Center

Office (770) 622-7986 / Fax (770) 623-4909 / 3150 Steve Reynolds Blvd. Duluth, GA 30096

"A PENSKE DEALERSHIP" - CERTIFIED BMW / HONDA / TOYOTA

INFORMATION WORKSHEET

CUSTOMER INFORMATION

Name: _____ Date: ____ / ____ / ____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: (_____) _____ Work Phone: (_____) _____ Ext: _____
Cellular Phone: (_____) _____ Fax or Email: _____
Vehicle Year: _____ Make: _____ Model: _____ Color: _____

INSURANCE INFORMATION

Insurance Company: _____ Claim Number: _____
Claim Representative: _____ Telephone: _____

"It is our goal to repair your vehicle so that it looks and drives just as it did before. If you have any special needs, be sure to let us know. Thank you for giving us the opportunity to serve you!"

GENERAL INFORMATION

1. How did you hear about our facility?

- Repeat Body Shop Customer
- Purchased Car Here
- Referred By a Friend
- Referred By Insurance Company
- Referred By Atlanta Toyota, United BMW, Honda Mall of GA
- Employee
- Building / Sign / Driving By
- Website / Internet
- Other: _____

2. If an insurance company is paying for your claim, did you receive a copy of their estimate?

- Yes
- No

3. Did you receive a check from the Insurance company?

- Yes
- No

4. Do you need assistance in processing your insurance claim?

- Yes
- No

5. What is your number one concern regarding the repairs to your vehicle?

- Quality
- Price
- Color Match
- Fast Repair Time
- Convenience
- OEM Parts

6. Will you need a Toyota Rental Car?

- Yes
- No

7. Is your vehicle a lease?

- Yes
- No

DIRECTION TO PAY

1. The undersigned hereby authorizes you, the insurance company, to issue payment direct for any repairs, or supplemental costs, in regards to the claim being handled by our facility. Though I have signed a direction to pay, I understand that all payments must be received prior to the release of the repaired vehicle.
2. The undersigned further agrees that if payment is sent to them in error, they will forward it directly to United Collision.
3. I hereby appoint, name and constitute; and by these presents do name, constitute and appoint an authorized representative of United Collision to act and serve as my true and lawful attorney-in-fact, I authorize this representative in my name, place and stead to execute any and all insurance checks, drafts or other negotiable instruments payable to me or pertaining to charges owed by me and received by United Collision for the sole and specific purpose of paying for the specified repairs.

By signing below, you agree to the terms and conditions outlined herein:

Signature: _____ Date: ____ / ____ / ____

AUTHORIZATION TO REPAIR

United Collision is hereby authorized to repair my vehicle as specified in the accompanying estimate.

1. I understand that the estimate may not include all items necessary to repair my vehicle. In certain cases, hidden damage may be discovered during the course of the repairs. I understand that payment in full is due upon the release of the vehicle. This includes any supplemental charges, or cost of repairs for additional damages discovered and any insurance deductibles or betterments that may apply. An express mechanic's lien is hereby acknowledged on the vehicle to secure the amount of repairs performed.
2. I hereby grant you and/or your employees to operate the vehicle aforementioned on public streets, highways, or elsewhere for the purpose of transporting, testing, and/or inspection. I understand that United Collision will not be held responsible for loss or damage to my vehicle, or articles left in my vehicle, in the case of fire, theft, accident, or any other cause beyond our control.
3. I understand that United Collision will not be responsible for any costs incurred by me, including rental vehicle charges, due to delay in repairs caused by: delays in getting parts, additional damage found that was not listed on the original estimate and delays in getting insurance company approvals / inspections / payments.

Authorized By: _____ Date: ____ / ____ / ____

I request that United Collision perform an inspection and estimate to my vehicle. This process will include minor disassembly and the removal of damaged components.

Initials: _____

I do not wish to have my vehicle assessed prior to the insurance company's inspection.

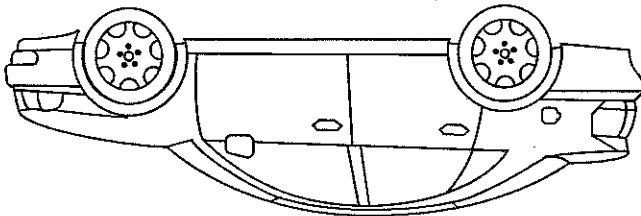
Initials: _____

VEHICLE INFORMATION

VIN #: _____ COLOR CODE: _____

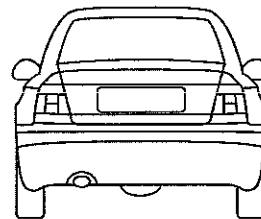
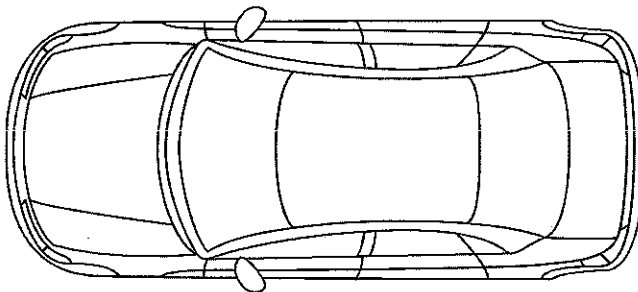
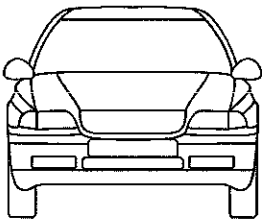
PROD: _____ TAG: _____

A Customer Service Representative will walk you around your vehicle to note the damage from the accident. They will also note any other prior damage that does not apply to our repairs.



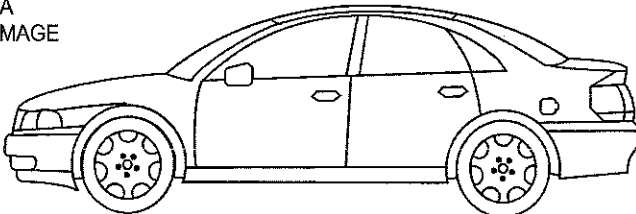
Gas: _____
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Mileage: _____



INFORMATION KEY:

- X - ACCIDENT / REPAIR AREA
- O - PRIOR / UNRELATED DAMAGE
- S - SCRATCHES ONLY



NOTES:

CSR Performing Inspection: _____ Date: ____ / ____ / ____

Customer's Signature: _____ Date: ____ / ____ / ____