



VEHICLE ACCIDENT ESTIMATE/REPAIR ORDER

Location #	Claim #	Date of Accident:	
Veh. Make:	Veh #:	Model:	YR:

DAMAGE DESCRIPTION:

Estimate Repair Order

THE SECTION BELOW IS TO BE COMPLETED BY THE COMPANY MAINTENANCE PERSONNEL

WORK DESCRIPTION: (Attach additional pages if necessary) <input type="checkbox"/> Yes <input type="checkbox"/> No	REPLACE/ REPAIR	LABOR HOURS	LABOR RATE:	LABOR AMOUNT
TOTAL:				
PARTS & SUPPLIES: (Attach additional pages if necessary) <input type="checkbox"/> Yes <input type="checkbox"/> No		QTY:	UNIT \$	TOTAL \$
TOTAL:				

OUTSIDE VENDORS UTILIZED Yes No (Attach Invoices/Estimates)

VENDOR:	Nature of Service:	DATE:	INVOICE	AMOUNT:

TOTAL IN-HOUSE LABOR COST:			Person Submitting Estimate:	
TOTAL OUTSIDE VENDOR CHARGES:			Position:	
TOTAL VEHICLE REPAIR COST:			Work Tel. #:	

NOTE: Please attach copies of all invoices and receipts regarding the repair of the above captioned vehicle.

