NIEBLING est. 1892 Auto Body & Collision Repair

Client Information

Email:

Customer Information			
Date:	☐ Customer Insurance ☐ Claimant ☐ Customer Pay ☐ Third Party		
Name:		Address:	
City:	State:	Zip:	Phone Number
How did you hear about us?	☐ Repeat customer ☐ Referral ☐ Agent/Insurance ☐ Internet ☐ Other:		
Has an Insurance Company written an estimate? ☐ Yes ☐ No	Are you having your vehicle repaired? ☐ Yes ☐ No	Do you want us to repair your vehicle? ☐ Yes ☐ No	

You will be contacted approximately every three (3) business days regarding your repairs.

Was a child restraint system in use? ☐ Yes ☐ No

How many occupants in the vehicle?_____

Which seat belts were in use? ☐ LF ☐ RF ☐ LR ☐ RR

Does vehicle have: Pre-Collision System, Dynamic Cruise Control? Y or N

Insurance Information	
Insurance Company:	Insurance Claim #:
Insurance Agent Name:	Phone #:

OFFICE USE ONLY			
Vehicle year:	Make:	Model:	Plate #:
Exterior Color:	Mileage:	Vin #:	