

BODY SHOP VEHICLE PRE-INSPECTION

DATE: _____

VEHICLE OWNER: _____

CLAIM #: _____

DRIVABLE YES ___ NO ___

YEAR/ MAKE/ MODEL: _____

VIN #: _____

COLOR: _____

LICENCE #: _____

MILES: _____



RELATED UNRELATED

	RELATED	UNRELATED
FRT BUMPER	___	___
FRT LIGHTS	___	___
RT FENDER	___	___
LT FENDER	___	___
GRILLE	___	___
HOOD	___	___
WINDSHIELD	___	___
MIRRORS	___	___
RT FRT DOOR	___	___
RT REAR DOOR	___	___
LT FRT DOOR	___	___
LT REAR DOOR	___	___
RT QUARTER PANEL	___	___
LT QUARTER PANEL	___	___
TRUNK LID	___	___
TAILGATE	___	___
LIFTGATE	___	___
PICKUP BOX	___	___
REAR BUMPER	___	___
EXTERIOR PAINT	___	___
RT SIDE MOULDINGS	___	___
LT SIDE MOULDINGS	___	___

RELATED UNRELATED

	RELATED	UNRELATED
ROOF	___	___
SEATS	___	___
DASH BOARD	___	___
TRIM PANELS	___	___
STEREO	___	___
WINDOWS	___	___
STEERING COLUMN	___	___
AIRBAGS	___	___
A/C	___	___
ENGINE	___	___
TRANSMISSION	___	___
SUSPENSION	___	___
BRAKES	___	___
EXHAUST SYSTEM	___	___
RT FRT WHEEL	___	___
RT REAR WHEEL	___	___
LT FRT WHEEL	___	___
LT REAR WHEEL	___	___
RT FRT TIRE	___	___
RT REAR TIRE	___	___
LT FRT TIRE	___	___
LT REAR TIRE	___	___

MR/MS CUSTOMER A THOROUGH RECORD HAS BEEN MADE OF THE LOSS RELATED/UNRELATED DAMAGES ON YOUR VEHICLE TO ASSURE YOU OF THE BEST POSSIBLE SERVICE/ SATISFACTION

CUSTOMER SIGNATURE: _____

DATE: _____