

## **Please Answer Every Question**

### **Body Shop Questionnaire**

Client: \_\_\_\_\_

Date: \_\_\_\_\_

Make/Model \_\_\_\_\_

Your estimate of Repair \_\_\_\_\_

1. Please include frame time cost and OEM parts in the estimate. You may do an alternative estimate for non OEM parts.

\$ \_\_\_\_\_

2. Did the rear bumper absorbers move more than one inch? If so, how many inches? This should be memorialized with a 35mm photograph, if possible.

Yes \_\_\_\_\_ How many inches? \_\_\_\_\_ No \_\_\_\_\_

3. Did rear bumper absorbers not move at all and is there rust or other buildup visible on the absorber armature? (This should be memorialized with a 35mm photograph if possible.)

Yes \_\_\_\_\_ No \_\_\_\_\_ 35mm available? \_\_\_\_\_

4. Was this a submarine style accident? In other words, was there undercarriage damage but little visible damage to the unibody of the vehicle?

Yes \_\_\_\_\_ No \_\_\_\_\_

5. Are more than two hours of frame repair time required? (If at all possible, also document this with a certified frame inspection. Often times this is overlooked when the insurance carrier completes the estimate. They are taught to write only what can be seen.)

Yes \_\_\_\_\_ No \_\_\_\_\_

6. Does the damage travel beyond the rear wheel well? (This should be documented by a 35mm photograph taken along the side of the vehicle. Often times this is overlooked when the insurance carrier completes the estimate. They are taught to write only what can be seen.)

Yes \_\_\_\_\_ No \_\_\_\_\_ 35mm available? \_\_\_\_\_

7. Is there significant prior damage to the same impact area of the vehicle?

Yes \_\_\_\_\_ No \_\_\_\_\_

8. Please note if this is not a unibody vehicle.

Yes \_\_\_\_\_ No \_\_\_\_\_

9. Please note if the vehicle had an attached item; which would eliminate the effectiveness of the unibody and/or low impact bumper. (This is often seen when the vehicle has a trailer hitch directly mounted onto the frame of the vehicle. Also, watch for items such as bicycle carriers, wheelchair lifts or other such devices, which would eliminate the functionality of the low impact bumper or unibody structure.)

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes what is the item? \_\_\_\_\_

10. Were seatbelts and seatbelt locking mechanisms checked for replacement?

Yes \_\_\_\_\_ No \_\_\_\_\_

11. If so, which ones? \_\_\_\_\_

12. Were the driver or passenger seat mounts damaged? Or were any of the seats knocked off their mounts?

Yes \_\_\_\_\_ No \_\_\_\_\_

13. If so, which one? \_\_\_\_\_

14. Was the headrest for either the driver or passenger seat damaged?

Yes \_\_\_\_\_ No \_\_\_\_\_

15. If so, which one? \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone # \_\_\_\_\_