

Minimal Damage Impact Assessment Request

Today's Date: _____

Please print

Insured's Name: _____ File No. : _____

Date of Loss: _____ Time of Loss: _____

Client's Name: _____ Telephone No.: _____

Insurance / Adjusting Co / Law Firm: _____

Loss Location: _____

Loss Details: _____

Insured Vehicle

Diagram:

| | | | |
|-------------------------|-------------------------|------------|--|
| Driver | Total No. Of Occupants: | | |
| Year / Make / Model | | | |
| VIN (complete) or plate | | Colour | |
| Location of Impact | Front _____ | Rear _____ | Driver's Side _____ Passenger's Side _____ |
| Location of Vehicle | | | |
| Comments | | | |
| Insured Contact Name | | Phone | |

Third Party Vehicle

Consent to Inspect? Yes No

| | | | |
|-------------------------|-------------------------|------------|--|
| Driver | Total No. Of Occupants: | | |
| Year / Make / Model | | | |
| VIN (complete) or plate | | Colour | |
| Location of Impact | Front _____ | Rear _____ | Driver's Side _____ Passenger's Side _____ |
| Location of Vehicle | | | |
| Comments | | | |
| TP Contact Name | | Phone | |

Instructions:

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| |
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Fax this sheet to: Andrew Happer, P. Eng. (Edmonton)
 Mike Peck, P. Eng. (Calgary)

Fax: 780-420-1556
 Fax: 403-230-2355

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