Manitoba Public Insurance

ESTIMATE AMENDMENT FORM

DATE:

NUMBER OF PAGES FAXED:

SHOP REFERENCE #:
VEHICLE YEAR/MAKE:
REPAIR FIRM:
REGISTERED ACCT #:
REPAIR FIRM FAX #:
REPAIR FIRM PHONE #:

CLAIM NUMBER:
LICENCE PLATE:
CURRENT MILEAGE:
ADJUSTER:
ESTIMATOR:
PERSON MAKING REQ:

IMAGE FILE SENT: YES ☐ NO ☐

LINE	LINE DESCRIPTION	REASON FOR CHANGE	REPAIR	NEW	LKQ	ALT	QTY	PART #	PARTS COST	HOURS	APPROVED	DENIED

IF NOT COMPLETED AS OUTLINED – WILL BE RETURNED TO SHOP FOR CORRECTION PRIOR TO PAYMENT

C77 #: _____ DATE: _____ APPROVED: _____ BY: FAX ☐ Phone ☐ Road Call ☐

Supp. Recycled Transaction #: _____ **Supp. Aftermarket Cancellation #:** _____

	HRS	*HRS*	*HRS*								
***TOTAL PARTS**	*FRAME LABOUR*	*SHOP LABOUR*	*PAINT LABOUR*	*SHOP MAT.*	*PAINT MAT.*	*HWD*	*SUB TOTAL*	*PART PROC. FEE*	*GST*	*PST*	*GROSS TOTAL*

*Total parts less line discount not including taxes

FOR REPAIR FIRM USE ONLY

DEPRECIATION: *PST:* *GST:* *DEDUCTIBLE:* *CUSTOMER RESPONSE:*