



THIS SECTION MUST BE COMPLETED BY SHOP AND FORWARDED TO ESTIMATOR PRIOR TO ANY REPAIRS AND RETURNED TO FILE WITH REPAIR ACCOUNT.

C 77# _____ **REPAIR SHOP** _____

FAX # _____ **PHONE #** _____

CLAIM # _____ **DATE** _____ **INSURED** _____

CHECK ALL FLUID LEVELS:

OIL _____ **RAD** _____ **TRANS** _____

START ENGINE AND ROAD TEST, IF DAMAGED, EXPLAIN:

TRANSMISSION & UNDERCARRIAGE, IF DAMAGED, EXPLAIN:

THIS SECTION WILL BE COMPLETED ONLY UPON ESTIMATOR'S APPROVAL

AIR PRESSURE TEST _____

COMPRESSION TEST _____

CYLINDER BALANCE TEST _____

OIL PRESSURE READING: HOT: _____

THE SHOP COMPLETING THIS REPORT MAY BE REQUIRED TO PROVIDE EVIDENCE IN COURT PROCEEDINGS. IT IS, THEREFORE, IMPORTANT THAT THE FINDINGS OF THIS REPORT BE ACCURATE AND FACTUAL.

SHOP MANAGER _____ **ESTIMATOR** _____