

## 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: \_\_\_\_\_

Loss Location: \_\_\_\_\_ Diagram: 

Loss Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Insured Vehicle

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

### Instructions:


Fax this sheet to: Mark Hughes, P. Eng. (Edmonton)  
Mike Peck, P. Eng. (Calgary)

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

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