

Minimal Damage Impact Assessment Request

Today's Date: _____

Please print

Insured's Name: _____ File No. : _____

Date of Loss: _____ Time of Loss: _____

Insured/ 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 (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

September 2005

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