



Client Vehicle Damages
QUOTATION REQUEST

Thank you for allowing us to quote on the damages to your vehicle.

Kindly assist us with some of your particulars – All your information will be treated as confidential. For survey purposes, only the A.A and vehicle manufactures may request your name and contact details to conduct a “Customer Service Satisfaction Survey”. Should you not wish to disclose any information, kindly indicate below (**Tick in box**):

YES We may disclose contact numbers for survey purposes
 YES I have Insurance.

NO You do not wish any information to be disclosed.

REPAIR PROGRESS: Please contact me via (Tick):
 Email
 SMS
 E-Mail & SMS

Note:
 A nominal quotation fee deposit will be asked for and in turn you will be fully re-funded on quotation acceptance.

CLIENT PERSONAL DETAILS:

Title: _____ Name: _____ Surname _____

Company Details(*If Applicable*): _____

Postal Address: _____

Mobile number: () _____

Work Number: () _____

Fax Number: () _____

E-Mail: _____@_____



VEHICLE INFORMATION:

Year Model: _____ Make: _____ Model: _____

Colour: _____ Mileage: _____ Registration: _____

INSURANCE INFORMATION:

Insurance company: _____ Broker: _____

Policy Number: _____ Claim Number: _____

I, The undersigned have read the above and have no objections in signing this acknowledgement,

Signed _____



Date: _____