



DAMAGE REPORT CARD

REPORTING DATE: ____/____/____

CUSTOMER NAME (FULL NAME): _____

CUSTOMER ADDRESS: _____

TELEPHONE: _____

E-MAIL: _____

INVOICE NUMBER: _____

MAKE: _____

MODEL: _____

CHASSIS NUMBER: _____

DATE OF THE ACCIDENT OR DATE WHEN DAMAGE WAS FOUND: ____/____/____

PLACE WHERE THE ACCIDENT HAPPENED OR WHERE THE DAMAGE WAS FOUND

DETAILED DESCRIPTION OF THE ACCIDENT / DAMAGE

SIGNATURE

