

INSURANCE ADJUSTER INSPECTION



3307 NE 10TH ST * OKLAHOMA CITY, OK 73117
PHONE 405-239-7586 * FAX 405-424-4186

Date _____

Invoice # _____

Make/Model _____

Last 4 VIN _____

Insurance Company _____

Adjuster Signature _____

Claim Number _____

Phone Number _____

This car will be moved to _____ / _____
Insurance Pool Body Shop

Is this car released YES NO

Date of Release _____

Owner's Name _____

Phone Number _____

Released to _____