



Please fax us a copy of this form and a copy of your **WORK ORDER** showing the *Part Number(s), Price(s) and Labor Time*. Our fax number is (702) 974-2048. No attention is necessary.

Claims Pre-Approval Questionnaire

Repair Facility:		Service Writer Name:	
Phone Number:		Customer Name and/or Contract Number:	
Vehicle Info: (year/ make/model)			
1.) When was the problem first evident to the customer?			
2.) What was the customer's complaint?			
3.) What repairs requested had no customer complaint?			
4.) What part(s) have failed?			
5.) What is the reason for the failure?			
6.) Is the vehicle used and/or licensed commercially?			

Service Writer Signature: _____

Date: _____