

# Insurance Repairs

Add and complete this form to the RO notes on any RO that involves insurance work.

1 Insurance company: \_\_\_\_\_

2 Contact name: \_\_\_\_\_

3 Contact phone: \_\_\_\_\_

4 Contact email: \_\_\_\_\_

5 Adjuster name: \_\_\_\_\_

6 Adjuster phone: \_\_\_\_\_

7 Adjuster email: \_\_\_\_\_

8 Amount authorized: \_\_\_\_\_

9 Authorization number: \_\_\_\_\_

10 Authorization date: \_\_\_\_\_

11 Payment method: \_\_\_\_\_

12 Date payment expected: \_\_\_\_\_

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