

Standard Operating Procedures “SOP’s”

Repair Process Forms *Used In The . . .* Front Office

- ① RELEASE of LIABILITY - Vehicle Unsafe to Drive**
- ② VEHICLE CHECK-IN**
- ③ REPAIR AUTHORIZATIONS - From Customer**





Standard Operating Procedures “SOP’s”



Release of Liability “UNSAFE VEHICLE”

Repair Process Form



"Your Safety is Our 1st Priority"

Waiver and Release of Liability

"Vehicle Unsafe to Drive" *On Public Roads*

I hereby acknowledge that I have been informed by "**CARFIX Collision Experts**", know hereafter as the "Aforesaid Store" mentioned herein, that **my vehicle is unsafe to operate on public roads and/or highways**. I have also been informed and aware that the Department of Motor Vehicles clearly states in the Vehicle Code section 24002. (a) *It is unlawful to operate any vehicle or combination of vehicles which is in an unsafe condition, or which is not safely loaded, and which presents an immediate safety hazard.*

I further acknowledge and agree, on my own behalf and on behalf of my personal representatives, executors, administrators, employer, spouse and next of kin to hereby Release the "Aforesaid Store mentioned herein" from any Liability or claims and hold harmless its respective directors, officers, shareholders, employees, agents, contractors from any and all liability for any loss, further damage to my vehicle, any/and all expense demand or cause of action that I may suffer whether with respect to personal and/or 2nd and 3rd party injury, death, damage or destruction of property which may arise as a result of me choosing to remove my vehicle from the property of the "Aforesaid Store mentioned herein" with intentions to use on public roads and/or highways.

Vehicle Information

Make: _____ Model: _____ Color: _____ Prod Date: _____
 Vin #: _____ License: _____ Odometer: _____

I hereby acknowledge that I have read and fully understand the terms of this Waiver and Release of Liability and have received the opportunity to discuss this with my legal counsel and/or Auto Insurance Provider. Further, I acknowledge that I have signed this Waiver and Release of Liability freely and voluntarily without any inducement, assurance, guarantee or/and any oral representation being made.

OWNERS DETAILS:

 (First Name) PRINT (Last Name) PRINT (Signature) (Date)

NOTIFICATION - To Owners "Auto Insurance Provider"

- ☐ For safety reasons, I have chosen to leave my vehicle at the "Aforesaid Store mentioned herein" pending an "Estimate for Repairs" and inspection from my Insurance Carrier.

I have further requested for the "Aforesaid Store mentioned herein" to arrange alternate means of transportation for me

- ☐ Rental Car (Payable by customer or authorized and paid by customers Auto Insurance Provider)
☐ To Personally Transport me to my Home/Workplace

Vehicle Owner & Insurance Information (Send This Form to the Customer)

Customer Name: _____ (First) _____ (Last)
 Address: _____ City _____ Zip _____
 _____ (Cell Phone) _____ (Home Phone) _____ (Fax Number) _____ (e-mail Address)
 _____ (Insurance Carrier) _____ (Claim or Policy Number) _____ (Insurance Agent/Person) _____ (Insurance Contact - Phone Number)

**2-Page
Carbonated Form**

1

Front Office: "Waiver & Release of Liability" - Vehicle Unsafe to Drive

★ A Valuable Document for Added Protection

Your Logo
+
Contact Info

ABOUT: "Waiver & Release of Liability" - Vehicle Unsafe to Drive

This Form is used when a customer walks into your store requesting an estimate for repairs - however on inspecting the vehicle you identify that it is "Unsafe to Drive" on Public Roads (e.g. Severe Suspension Damage, Radiator Leak, Cracked Transmission ...etc)

1 Waiver and Release of Liability: "Vehicle Unsafe to Drive on Public Roads"

This section indicates that the Repair Facility has taken steps to warn the customer that their vehicle is unsafe to drive on Public roads.

2 Capture the Sale: "Notification to Owners Insurance Provider"

This section helps the Repair Facility to "Capture The Sale". Motivate the customer to fill out this section of the form and assist them in faxing it to their Insurance Agent who will generate a claim and notify you if customer has rental coverage. The key is to put the customer in a safe rental car, have them sign the "Tear Down Authorization - Form" so you can get started to prepare an estimate for damage.

Note: That a release of liability gives you a layer of protection, but it doesn't altogether negate the possibility of a lawsuit. It does however make it difficult for the client to prove or claim that they have come to harm without any warning from your store. This is why we have included as many types of waivers in your ROL wording and to be clear about the consequences the customer may face or inherit, should they fail to heed your warning and

Printing

Paper Type:

2-Page Carbonated Form
(White & Yellow Copies)

Color:

2-Color (Red & Black) or
1-Color (Blue)

Printing Costs

Qty	1,000	500
2-Color (Red & Black)	\$290.00	\$195.00
1-Color (Blue)	\$210.00	\$120.00

+ \$65.00 (One-Time-Cost for Print Shop Set-Up Fee)
+ tax & shipping



Standard Operating Procedures “SOP’s”



Vehicle Check-In

- **Customer & Insurance info**
- **Vehicle Details**
- **Vehicle Condition**
- **Liability Release for Contents**

Repair Process Form

Customer & Insurance Information (Filled In By Customer) RO/Est #:

Customer Name: _____ (First) _____ (Last)
 Address: _____ City _____ State _____ Zip _____
 e-mail: _____ Phone (H/W): _____ Phone (Cell): _____
 _____ (Insurance Carrier) _____ (Claim or Policy Number) _____ (Insurance Contact Person) _____ (Insurance Contact - Phone Number)

Vehicle Information (Filled In By Estimator While Inspecting Vehicle with the Customer)

Make: _____ Model: _____ Color: _____
 Vin #: _____ Prod Date: _____
 License: _____ Odometer: _____ Radio Station: _____



Vehicle Condition, Prior Damage & Area Of Collision

Equipment & Accessories

Description	Qty
Floor Mats	
Seat Covers	
Wheel Covers	
Wheels (Alloy or Steel)	<input type="checkbox"/> Alloy <input type="checkbox"/> Steel
<input type="checkbox"/> Spare Wheel <input type="checkbox"/> Jack <input type="checkbox"/> Tools	

Electronics

- FM/AM Radio ☐
 Satellite Radio ☐ ★
 i-Pod ☐ ★
 CD Player ☐ ★
 DVD/TV Units ☐ ★
 GPS System ☐ ★

★ = Detachable Units

Vehicle Condition

Description	New	Good	Fair	Poor
Body Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dash/Console	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seats/Carpets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trim Panels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A TOTAL LOSS	<input type="checkbox"/>			

Paint Description

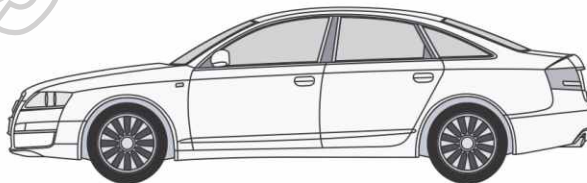
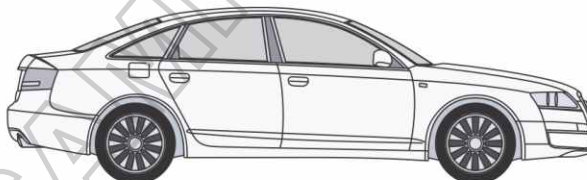
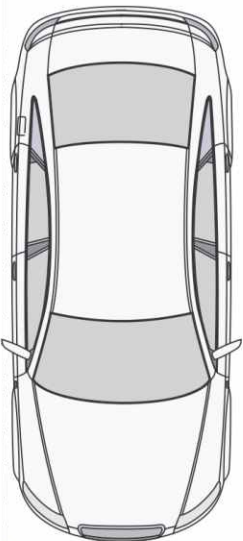
- ☐ Paint "Fade"
☐ Paint "Checked"
☐ Clear Coat "Peel"
☐ Paint "Single Stage"
☐ Sub-Standard Quality

Prior / Non Related DAMAGE

- * Paint Chips = "C"
 * Dents/Dings = "D"
 * Paint Scratch = "~"
 * W/Shield Mirror = "X"

Collision Area

Circle the area of damage as indicated to you by the customer at "Drop Off".



Notes: _____

Customer Acknowledgment & Release of Liability

I have personally inspected and removed **all my Loose personal items** such as tools, clothing and **Detachable** Electronic Systems such as i-Pods, GPS Units, Audio & Video equipment from my vehicle and understand that the body shop nor insurance carrier is responsible for the loss of my vehicle.

Customer Signature: _____ Dr _____
 Vehicle Checked in by: _____ Time: _____

CUSTOMER COPY (White)

SHOP COPY (Yellow)

**2-Page
Carbonated Form**

2 Front Office: "Vehicle Check-In Form"

★ Required by Most Insurance DRP Providers

Your Logo
+
Contact Info

ABOUT: "Vehicle Check-In" - Form

Typically, 4-6 forms are used when "Checking In" a vehicle to the Body Shop. We have compressed these forms into one concise document.

Your Vehicle "Check-In" form allows you to gather and compile ALL the pertinent information you will need in order to flawlessly process the vehicle for repairs.

The Most Comprehensive "Vehicle Check-In Form" Available

- Customer Contact Details
- Insurance Claim Information
- Vehicle Information (*Needed to Write an Estimate*)
- Fuel Status (*At Time Vehicle Was Dropped Off*)
- Loose Equipment & Accessories Left in the Vehicle (*Tools, Spare Wheel, Floor Mats, Seat Covers*)
- List of Detachable/Non-Detachable Electronic Items (*i-Pods, GPS Systems, DVD Monitors*)
- Current Condition of Vehicle (*Body, Paint & Trim*)
- Prior Damage (*Non Related to Collision*)
- Area of Reported Collision Damage (*Show on Sketch*)
- Release of Liability for Personal Items Left In the Car

Printing

Paper Type:

2-Page Carbonated Form
(White & Yellow Copies)

Color:

2-Color (Red & Black) or
1-Color (Blue)

Printing Costs

Qty	1,000	500
2-Color (Red & Black)	\$290.00	\$195.00
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+ \$65.00 (One-Time-Cost for Print Shop Set-Up Fee)		
+ tax & shipping		



Standard Operating Procedures “SOP’s”



Customer Authorizations

- **Vehicle Tear-Down**
- **Repair Vehicle**
- **Power of Attorney**
- **Supplements**

Repair Process Form

2-Page Carbonated Form (White & Yellow) • Printed on Both Sides • 1-Color or 2-Colors

BAR Reg No. **ARD 012345678**

Date: _____

Customer Contact Details (Filled In By Customer)**RO/EST #:** _____

Customer Name: _____ (First) _____ (Last)

Address: _____ City _____ State _____ Zip _____

(Cell Phone)

(Home Phone)

(Fax Number)

(e-mail Address)

Vehicle Information

Make: _____ Model: _____ Color: _____ Prod Date: _____

Vin #: _____ License: _____ Odometer: _____

Customer & Repair Authorizations (To be Signed at the time Vehicle is Dropped Off)**AUTHORIZATION FOR "TEAR-DOWN"**

I hereby authorize the Body Shop, mentioned here in, to "Tear-Down" (disassemble) the necessary components from my vehicle in order to identify all damaged parts related to the collision and prepare an estimate for repairs. Should I choose not to authorize the repairs required, I understand that I will be liable for the "Tear-Down" labor costs of \$350.00. I further understand that in cases of severe collision damage, it may be impossible to reassemble/attach all the vehicles damaged components. Vehicle will be reassembled within 3-days of customer notification.

AUTHORIZED/ACCEPTED BY: _____ DATE: _____

AUTHORIZATION TO "REPAIR"

I hereby authorize the Body Shop, mentioned here in, to complete the necessary repairs to my vehicle and provide me with an oral/written evaluation. I understand that payment in full is due upon release of the vehicle, including any supplement charges. I hereby grant you and/or your employees permission to operate my vehicle on streets, highways, or elsewhere for the purposes of testing, inspection or sublet repairs, and delivery or pick up. On completion of repairs and failure to pay, AN EXPRESS MECHANIC'S LIEN will be applied to the above vehicle to secure the payment-amount for repairs. I WILL NOT HOLD THE STORE HERE-IN RESPONSIBLE FOR LOSS OR DAMAGE TO VEHICLE OR ARTICLES LEFT IN VEHICLE IN CASE of fire, theft, accident or any other cause beyond your control.

AUTHORIZED/ACCEPTED BY: _____ DATE: _____

AUTHORIZATION FOR "PAYMENTS" (Including But Not Restricted to "Insurance" & "Supplement" Payments For Repairs)

POWER OF ATTORNEY: For consideration of repairs made to this vehicle, I hereby grant my POWER OF ATTORNEY to the Body Shop, mentioned here in, to sign or endorse any checks and/or drafts made payable to me for the repairs to my vehicle, and release thereto, as settlement for my claim or damage to my vehicle. This includes all Insurance Payments and Supplement payments following delivery of vehicle.

AUTHORIZED/ACCEPTED BY: _____ DATE: _____

Supplements (Oral Approval) (Owners acknowledgment of notice, consent and oral approval of increase in the original estimated price)

Additional Costs: \$ _____ Revised Estimate: \$ _____ Revision Details: _____

Authorized by: _____ Contact No.: _____ Date: _____ Time: _____

☐ By FAX ☐ By E-MAIL ☐ By PHONE ☐ In PERSON

Additional Costs: \$ _____ Revised Estimate: \$ _____ Revision Details: _____

Authorized by: _____ Contact No.: _____ Date: _____ Time: _____

☐ By FAX ☐ By E-MAIL ☐ By PHONE ☐ In PERSON

Additional Costs: \$ _____ Revised Estimate: \$ _____ Revision Details: _____

Authorized by: _____ Contact No.: _____ Date: _____ Time: _____

☐ By FAX ☐ By E-MAIL ☐ By PHONE ☐ In PERSON**2-Page
Carbonated Form**

3 Front Office: "Repair Authorizations Form"

★ Required by ALL Insurance DRP Providers & The B.A.R.



ABOUT: "Customer Authorization" - Form

We have compressed All the Authorizations, you will need from the customer, into one concise form. Your "Customer Authorization Form" keeps your store compliant with "Insurance Carriers" and the "Bureau of Automotive Repair" (BAR) and guides you through the correct procedure of obtaining ALL the "Authorizations" Needed for Each and Every Repair you Process.

Comprehensive Authorization Package

- Customer Contact Details
- Insurance Claim Information
- Your BAR # Displayed on Authorization Form (Per BAR Law)
- Your Company Name & Contact Details (Per BAR Law)
- Vehicle Information/Description (Per the Law)
- Obtain Authorization for "TEAR DOWN" (To Write estimate)
- Obtain Authorization to "REPAIR VEHICLE"
- Obtain Authorization "TO PAY + POWER OF ATTORNEY"
- Obtain Authorization for "SUPPLEMENTS" (Hidden Damage)

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+ tax & shipping

Your Professional . . . **"Marketing" & "Management"** *Solutions*

Back To

FRONT OFFICE - Repair Process Forms

Connect NOW!

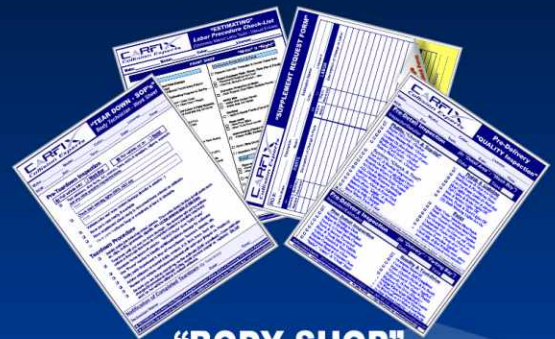


"FRONT OFFICE"
Repair Process Forms

Also View

BODY SHOP - Repair Process Forms

Connect NOW!



"BODY SHOP"
Repair Process Forms



Call Us Today! (909) 798-1136

Collision Shop Solutions
28225-B Live Oak Canyon Rd
Redlands, CA 92373
e-mail: Christine@DRPnetworkProgram.com
e-mail: CollisionShopSolutions@Yahoo.com

Contact: Christine
Marketing Director



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SERVICES

To View More of Our . . .

"Marketing" & "Management" Tools

12-Page Brochure

Marketing Presentation Portfolio

A Professional "Insurance Application Package"
... Ideal for "DRP Providers"



"Click" to VIEW

Tri-Fold Brochure

Sales & Marketing Brochure

Increase your "Sales Capture Ratio"
... with every Estimate you Write



"Click" to VIEW

Tri-Fold Brochure

"Warranty for Repairs" Certificate

Reassurance of "Workmanship Quality"
... Stimulates Clients Confidence & Business



"Click" to VIEW

Thank You Cards

Earn Customers Loyalty & Appreciation

A Simple "Thank You" Drives New Sales to
your Store & Maintains Lasting Relationships



"Click" to VIEW

OSHA Safety Signs

Specially Designed for Body Shops

Avoid Costly Fines and Defend yourself from
... Unnecessary "Workman's Compensation" Claims



"Click" to VIEW

Customer Survey Cards

"Measure" + "Manage" your CSI

High "Customer Service Index" Scores
... Influence & Drive More Business to your Store



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Visit Our . . .
Online-Store

Connect NOW!

Join the . . .

Insurance
DRP
NETWORK
Marketing Program



Connect NOW!

Learn how you can become an Insurance . . .
Preferred Repair Shop

"Marketing" + "Showcasing" Body Shops for over 8-Years