

Request Date/Time: ;

Report For:

**INSTRUCTIONS**

1. **VERY IMPORTANT:** Call shop with Estimated Time of Arrival.
2. Upon arrival at shop, locate and attach **repair order, any related service history, or TSB's** if available.
3. Inspect vehicle taking photos (if requested) of:
  - a. Odometer
  - b. VIN plate
  - c. Rear shot that includes Tag
  - d. ALL failed parts.
4. **DO NOT LEAVE SHOP BEFORE THIS STEP IS COMPLETE** - Call in verbal report as stated below in request.
5. **Upload digital images online.** (www.fiainspectors.com, login, find this report, upload)
6. Complete report online (www.fiainspectors.com, login, find this report, complete)

Repair Shop: ,

Claim #:

Contract #:

Insured:

Phone Number:  
Contact:

VERIFY Vehicle Desc:

Reason for  
Inspection:

CALL VERBAL INTO:

Verbal To:

Inspector Name: \_\_\_\_\_ Time: \_\_\_\_\_

RO #:

RO Date:

Inspection Date: \$ \_\_\_\_\_ NO

Customer Complaint:

Labor Rate Posted: \_\_\_\_\_ (Reported: )

VERIFY Mileage:

VIN

last 6 of VIN =

Color:

Tag:

Tag State:

Trailer Hitch:

☐ YES☐ NO**Levels****Condition**

Engine Oil: full good low drained

new good fair poor

Transmission Fluid: full good low drained

new good fair poor

Engine Coolant: full good low drained

new good fair poor

Power Steering: full good low drained

new good fair poor

Brake Fluid: full good low drained

new good fair poor

Towed/Driven: ☐ Towed ☐ DrivenEng size: \_\_\_\_\_ ☐ Diesel

Trans type: \_\_\_\_\_

Drive Train: ☐ FWD ☐ RWD ☐ AWD ☐ 4x4 ☐ DuallyOverall Condition: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Detailed description below and how it applies to failure:

Tire Size: \_\_\_\_\_

Modifications: \_\_\_\_\_

Commercial Use: \_\_\_\_\_

Towing: \_\_\_\_\_

Impact Damage: \_\_\_\_\_

Base Fee: \_\_\_\_\_

Add'l Mileage \_\_\_\_\_ @ .25

35mm pix: \_\_\_\_\_ @ \$1/ =

Special Charges: \_\_\_\_\_

Total Inspection \$ \_\_\_\_\_

YOUR INVOICE # \_\_\_\_\_

Description: \_\_\_\_\_

You Quoted: \_\_\_\_\_

Inspector:

Paid to:

Address:

City/ST: ,

Fax:

Who:

IMPORTANT: If all steps are not completed, FIA reserves the right to refuse payment. The pictures, including signature page, must be on the website by the following morning, as well as the report itself typed into the website, in order to receive payment normally. The original paperwork must be filed and saved by you, for at least 3 years.

**FIA Number**

## FIA In-Shop Worksheet Page 2 (of 2)

**ADJUSTER:**

Repair Shop:	Claim Number:
Warranty Company:	Contract Number:

State of Teardown: ☐ Fully Assembled – If not, how far? \_\_\_\_\_

## Inspector's Report:

Shop's Opinion of Failure: \_\_\_\_\_

Inspector's Opinion of Failure: \_\_\_\_\_

**Recommended Repairs:** \_\_\_\_\_

**Service History Related to Current Failure?** ☐ Not Available ☐ No ☐ Yes (explain below ):

Report Called Into: \_\_\_\_\_ Date Called: \_\_\_\_\_ Time Called: \_\_\_\_\_

**IMPORTANT : COMPLETE THIS 2-PAGE REPORT BEFORE LEAVING SHOP WITH SIGNATURES**

I agree with the findings of the inspector except as noted in my comments above.

I realize that the inspector does not represent the administrator/insurer and that any payment approval must be obtained through the plan administrator.

I am also aware that the inspector cannot authorize any repairs or tear down on this claim.

Additional Remarks from Shop:

Does shop agree with inspector's findings? ☐ Yes ☐ No

Pictures Taken?: ☐ Yes ☐ No

Inspector Signature	Date	Shop Representative Signature	Date
---------------------	------	-------------------------------	------

Print Shop Rep Name \_\_\_\_\_