SYNERGY COLLISION AUTO BODY

Incident Details & Repair Preferences Questionnaire

Florida Facility Reg #: MV150729

CUSTOMER IDENTIFICATION

Customer Name: .....

Phone / Email: .....

Claim #: .....

VEHICLE IDENTIFICATION

Year / Make / Model: .....

VIN: .....

Date of Incident: .....

1. INCIDENT & COLLISION DYNAMICS & VEHICLE SYMPTOMS

ASSISTS IN IDENTIFYING HIDDEN STRUCTURAL, MECHANICAL, AND SAFETY ISSUES

Estimated Speed at Impact: ☐ 0-15 mph (Low) ☐ 16-35 mph (Moderate) ☐ 36-50 mph (Substantial) ☐ 50+ mph (Severe)

Primary Point of Impact: ☐ Front ☐ Rear ☐ Driver Side ☐ Passenger Side ☐ Undercarriage

Incident Type / Conditions: ☐ Rear-ended ☐ T-Bone ☐ Fixed Object / Curb Hit ☐ Multi-Vehicle ☐ Stationary Hit

Vehicle Status After Impact: ☐ Drivable ☐ Towed In ☐ Airbags Deployed ☐ Dashboard Warning Lights On

Observed Symptoms / Post-Incident Issues (Check all that apply):

☐ **Steering / Suspension Pulling (Left / Right)** ☐ Steering Wheel Off-Center ☐ Brake Pedal Soft / Grinding Noise

☐ Unusual Noise (Clunking / Squeaking) ☐ Fluid Leak under Vehicle ☐ Doors / Trunk Hard to Close or Misaligned

☐ AC / Heater Not Blowing Properly ☐ Blind Spot / Backup Camera / Sensor Error

Additional Description of Incident / Specific Concerns: .....

2. REPLACEMENT PARTS POLICY & PREFERENCES

SELECT PREFERRED REPLACEMENT PARTS DIRECTIVE

Insurance companies may specify Aftermarket (A/M), Reconditioned (Rec), or Used/LKQ parts. Please select your parts preference:

☐ **STRICT OEM PARTS ONLY:** I request original equipment manufacturer (OEM) parts exclusively. I understand that if my insurance carrier does not cover the price difference, I will be responsible for paying the out-of-pocket supplement.

☐ **STANDARD INSURANCE POLICY MATCH:** I authorize the shop to utilize insurance-approved alternative parts (Aftermarket / Reconditioned / LKQ) as specified by the paying insurance policy.

☐ **HYBRID / NOTIFY ME:** Contact me prior to ordering any non-OEM/aftermarket structural, crash, or safety components.

3. AFTERMARKET & CUSTOM VEHICLE MODIFICATIONS

IDENTIFY CUSTOM EQUIPMENT FOR INSURANCE SUPPLEMENT VERIFICATION

Please check any custom protections, aftermarket parts, or modifications present on your vehicle:

☐ Paint Protection Film (PPF) ☐ Ceramic Coating ☐ Vinyl Wrap / Custom Graphics ☐ Window Tint

☐ Lift Kit / Lowering Springs ☐ Custom Wheels / Spacers ☐ Aftermarket Bumper / Body Kit ☐ Aftermarket Exhaust / Intake

☐ Custom Lighting / LED Upgrades ☐ Audio / Radar / Dashcam Systems ☐ Tow Hitch / Exterior Accessories

Details / Brand / Insurance Coverage Notes: .....

CUSTOMER ACKNOWLEDGMENT & SIGNATURE

I certify that the information provided above regarding the collision incident, vehicle symptoms, custom modifications, and replacement parts preferences is accurate to the best of my knowledge.

Customer / Owner Signature _____ **Date** _____

Printed Name _____ **Phone Number** _____