



101 Page Whitney Parkway
Georgetown, TX 78626
512-763-4800

Service Hours
Monday-Friday: 7am-6pm
Saturday: 7:30am-1pm
Sunday: Closed



Customer Information

Customer: _____ Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Business Phone: _____
Cell Phone: _____ E-mail: _____
Estimator: _____ Date/Time: _____



Description Of Vehicle

Year: _____ Make: _____ Model: _____
Color: _____ VIN: _____
License Plate No. _____ Mileage: _____



Insurance Information

Date of Loss: _____ Claim: Collision _____ Comp. _____ Third Party _____
Customer's Carrier: _____ Claim #: _____
Third Party Carrier: _____ Claim #: _____
Adjuster/Claim Rep: _____ Phone #: _____
Existing Estimate: Yes _____ No _____ Copy Provided: Yes _____ No _____
Rental Coverage: Yes _____ No _____



Payment Status

Has Customer Received Ins. Payment? Yes _____ No _____ Amount _____
Deductible Amt: _____ Liability Determined? Yes _____ No _____
Total Loss Determination Pending? Yes _____ No _____



Referral Source

Past Customer _____ New Customer _____ Referral Type: _____
(Customer Referral; Employee Referral; DRP Assignment; Ins. Agent Referral; Drive by; Reputation; Internet)

Customer Drop Off _____ Towing Company Drop Off (Co. Name) _____

**You agree that the information above is accurate and authorize HCC to contact you via text or email regarding your vehicle.*

X _____ Date: _____

Customer Signature (Estimator: Initial if Information Taken via Phone).