



HAIL CLAIM WORKSHEET

CUSTOMER NAME: _____

DATE OF DAMAGE: _____ YEAR/MAKE/MODEL: _____

LOCATION OF VEHICLE TIME OF HAIL: _____

WINDSHIELD/GLASS DAMAGE: YES OR NO

INSURANCE COMPANY: _____

CLAIMS REPRESENTATIVE NAME: _____

CLAIMS PHONE# : _____

CONTACT INFO TO SEND ESTIMATE TO: _____

CLAIM #: _____

ESTIMATE REQUIREMENTS: **INSURANCE WILL DO ESTIMATE**
 GET AN ESTIMATE AT REPAIR SHOP

Dapper Dent Repair LLC, 309 Lewis Hollow Rd, Dickson TN 37055
dapperdentrepair@gmail.com – 615-857-3600
EIN:82-4868260