

**IMPORTANT: DO NOT RETURN THIS FORM** *You will need this form when you get to your inspection site!*

## Inspection Authorization Form

### Your Contact Information

Full Name

Address

City

State

Zip

Phone: Home

Mobile

Work

e-mail

Claimant

Insured

S / I

Tow Req.

### Your Claim Information

Company

Policy #

Claim #

Adjuster/Ext.

Date of Loss

Date Reported

Assigned By

### Vehicle To Be Inspected

Year

Make

Model/Trim

Color

Deductible

VIN

Lic. Plate

### Area Of Damage That Will Be Inspected

Area Of Damage

Other

Area Of Damage

Inspection  
Information

### Your Assigned Inspection Facility Is:

- Call shop in advance to schedule your inspection. **Bring this form with you to the inspection site**
- If you cannot get to the inspection facility for the scheduled appointment please call in advance to cancel.
- For any other questions please call us at (847) 583-4600, Monday thru Friday 8:00 AM to 4:45 PM

### Drive In Inspections Available On Days Listed Below - No Appointment Needed

If you have not been assigned to a drive in facility, you may choose one of the following. Our Adjuster will be available on the days and during the hours listed. No appointment is necessary! **Bring this form with you to the inspection site.**

#### Monday

8:00 to 10:00 AM

GDL Autobody Inc., 16510 S. Crawford Ave., Country Club Hills, IL 60478, 708-331-1818

12:00 to 2:00 PM

Grand Ave Auto Body, 4540 West Haddon, Chicago IL 60651, 773-384-4123

#### Wednesday

9:00 to 10:30 AM

Central Collision, 530 Zenith Drive, Glenview, IL 60025, 847-298-3001

12:00 to 2:00 PM

Auto Body Tech, 3145 Grand Ave, Waukegan IL 60085, 847-244-0850

#### Thursday

9:00 to 10:30 AM

Preffered Auto Body, 6915 S. Ashland, Chicago IL 60636, 773-778-3160

12:00 to 2:00 PM

Central Collision, 530 Zenith Drive, Glenview, IL 60025, 847-298-3001

United Equitable Insurance Company  
American Heartland Insurance Company

**Payment Authorization Form**

I hereby authorize the Company to pay the repair facility directly for the estimated repairs. This authorization allows the repair facility to pre-order parts and supplies, schedule repairs immediately, and includes payment for any "add orders" for additional damage approved by the company. Declining this authorization may result in delays to the repair of your vehicle. If you decline, payment will be remitted directly to you and you will assume responsibility for making all payments (including your deductible) directly to the repair facility.

Repair Facility

Claim #

Full Name

Signature

Date

Please complete this form and return a signed copy to [Claim@UEG1.com](mailto:Claim@UEG1.com) or fax it to 847-730-0170

# INSURANCE TOW REQUEST

Email Tow Request to: [insurancetowrequest@wessservice.com](mailto:insurancetowrequest@wessservice.com)

Today's Date:	Time of Request:
Date of Loss:	
Tow Requested By (Name):	
Claim Number:	
Insured Name:	
Insured Phone Number:	MOBILE: HOME:
Complete VIN:	
Year:	
Make:	
Model:	
License Plate:	
Color:	
Where is the Damage on the Vehicle?	
Keys with Vehicle? If yes, where are the keys?	
Pick-up Location (Company Name, Residence, Lot, etc.):	
Pick-Up Location Address:	
Pick-Up Location Phone Number:	
Name of the Body Shop for Drop-off:	
Drop-off Location Address:	
Drop-Off Locaton Phone Number:	
Is there a Payout, Yes or No?	
If Yes, How much is the Payout?	
If Yes, to Whom is the Payout to?	
If yes, form of Payout accepted? (Cash or Check)	
Is Payout amount above for today or tomorrow?	
What is the additional storage amount, per day?	
If vehicle is in the City Pound, does it have a City Sticker?	
If vehicle is in the City Pound, what is the Inventory Number?	
* FOR OFFICE USE ONLY	*Call Number:
	*Charges Verified On:
	*Charges Verified By Dispatcher:
	*Spoke To: