



Industry Leader in Claim Audits

Nationwide Coverage

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NATIONAL INSURERS AUDIT BUREAU INC.

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FEDERAL TAX ID #22-3097979

DATE: _____

NIAB FILE # CCT CTG

TIME: _____

FROM/TO
COMPANY: _____

SENDER: _____

OFFICE: _____

, CT

TEL#: _____

FAX#: _____

THIS COVER SHEET IS PAGE 1 OF _____

E-MAIL ADDRESS: _____

INSURED'S NAME _____

BODY SHOP # _____

CLAIMANT'S NAME _____

CLAIM NUMBER _____

VIN NUMBER _____

YEAR: _____

MAKE: _____

MODEL: _____

BODY STYLE: _____

TYPE OF LOSS: COLL COMP LIAB DATE OF LOSS: _____

UPLOAD ID# _____

REMARKS: _____

DO NOT WRITE BELOW THIS LINE: FOR NIAB USE ONLY

APPROXIMATE DAYS TO REPAIR _____

APPRAISAL FAXED TO SHOP YES NO

ORIGINAL ESTIMATE :\$ _____

REVISED ESTIMATE :\$ _____

BETTERMENT :\$ _____

NET LOSS :\$ _____

AGREED FIGURE OF \$ _____ WITH _____

OF _____ ON _____ AT _____

REMARKS: _____

SERVICE FEE:

\$ _____

**PAYMENT DUE
UPON RECEIPT**

BILLING # _____