McGrath Automotive Group
Service Work Claims Form

Location of Repair_____

Customer Name_____

Customer Address_____

Customer Phone Number_____

Vehicle Year/Make/Model_____
Miles_____

VIN_____

Date original RO Performed _____
(Send Copy to ben.cannon@mcgrathauto.com)

Technician on original RO _____

Date of Failure _____

Detailed description of failure_____

_____

_____

_____

_____

_____

Where is Vehicle currently located_____

Dollar Amount of new estimate_____
(Send copy to claims@mcgrathauto.com)