



Estimator Details

Estimator Name

Date

DD/MM/YYYY

Business Name

Business Address

Street Address

City

Postcode

County

Vehicle Details

VRM

Make and Model

Mileage

VIN (17 Digits)

Systems Identified

Camera

Radar

Parking sensors

Lane Change Assist

Blind Spot Detection

Adaptive Cruise Control

Traffic Sign Recognition

Emergency Braking

Pedestrian Detection

Collision Avoidance

Cross Traffic Alert

Parking Assist

Rear Collision Warning

360 Camera/View

None

Does the vehicle require a calibration?

Yes

No

Does the Garage have the equipment required to complete the Calibration?

Yes

No

If Yes:

What Brand is the equipment?

What processes were used?

E.g. Radar Calibration

Were any Accessories required? If so, what?

Name of Qualified Technician

Proof of qualification provided?

E.g. Yes, ADAS Certificate is in folder

Calibration certificate attached?

Yes

No

If NO:

3rd Party Name

Street Address

City

County

Postcode

Proof of qualification provided?

Calibration certificate attached?

Yes

No

Estimator Signature

Technician Signature
