



STATEMENT OF REPAIR TIME

ACM Claim # _____

Client _____

Unit # _____

Driver _____

Year _____

Make _____

Model _____

VIN _____

Repair Facility _____ City _____ State _____ Zip _____

Phone _____ Contact: _____

Date of Loss ____/____/____

Date of Estimate ____/____/____

Date in Shop ____/____/____

Date Out of Shop ____/____/____

TOTAL
RECOVERABLE DAYS _____

Reason for delay or adjustment
