Manitoba Public Insurance

ESTIMATE AMENDMENT FORM

DATE: NUMBER OF PAGES FAXED:

SHOP REFERENCE #:   *CLAIM NUMBER:*
VEHICLE YEAR/MAKE: /   *LICENSE PLATE:*
REPAIR FIRM: *CURRENT MILEAGE:*
REGISTERED ACCT #:   *ADJUSTER :*
REPAIR FIRM FAX #:   *ESTIMATOR :*
REPAIR FIRM PHONE #:   *PERSON MAKING REQ:*

IMAGE FILE SENT: YES☐ :NO☐

LINE	LINE DESCRIPTION	REASON FOR CHANGE	REPAIR	NEW	LKQ	ALT	QTY	PART #	PARTS COST	HOURS	APPROVED	DENIED
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IF NOT COMPLETED AS OUTLINED - WILL BE RETURNED TO SHOP FOR CORRECTION PRIOR TO PAYMENT

*C77#:*_____*DATE:*_____*APPROVED:*_____*BY: Fax:*☐ *Phone:*☐ *Roadcall:*☐

*Supp. Recycled Transaction #:*_____ _____   *Supp. Aftermarket Cancellation #:* _____

TOTAL PARTS	HRS FRAME LABOUR	HRS SHOP LABOUR	HRS PAINT LABOUR	SHOP MAT.	PAINT MAT.	HWD	SUB TOTAL	GST	PST	GROSS TOTAL

* Total parts less line discount not including taxes

FOR REPAIR FIRM USE ONLY:

DEPRECIATION: *PST:*   *GST:*   *DEDUCTIBLE:*   *CUSTOMER RESPONSE:*