

NOT FOR CLAIMANTS TO FILL OUT

THIS FORM IS TO BE FILLED OUT BY QUALIFIED REPAIR PERSONNEL ONLY

**UP TO TEN (10) PIECES OF FURNITURE CAN BE INSPECTED USING THIS FORM. USE
ADDITIONAL FORMS IF MORE THAN 10 PIECES ARE BEING INSPECTED**

FURNITURE REPAIR & ESTIMATE FORM (PAGE 1 OF 5)

The claims office must determine if damages to furniture items was caused by the same kind of forces which occur during shipping, handling, or storage of such items, or whether the damage was due to age, fair wear and tear, a manufacturer's defect, or any other factor.

NAME OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

PHONE NUMBER OF BUSINESS: _____

TYPE OF BUSINESS: _____

NAME OF REPAIR PERSON WHO SERVICED ITEM: _____

NAME OF CUSTOMER: _____

CUSTOMER'S PHONE NUMBER: _____

**PLEASE COMPLETE THIS FORM IN ITS ENTIRETY AND BE
AS SPECIFIC AS POSSIBLE**

ITEM(S) EXAMINED*:

	TYPE	DESCRIPTION	WOOD/FABRIC TYPE	BRAND
Examples:	Dining Room table	6 person dining set with chairs	Solid Oak	Benchcraft
	Computer Desk	with hutch	Pressboard	Sauder
	Couch	full length	Vinyl	None specified

#1. _____

#2. _____

#3. _____

#4. _____

#5. _____

#6. _____

#7. _____

#8. _____

#9. _____

#10. _____

Did you **observe any external damage** such as cracks, dents, scrapes, rips, or water damage? _____

If yes, does the external damage look new or fresh? _____

If yes, list the item, the damage, and location of the external damage

#1. _____

#2. _____

#3. _____

#4 _____

#5 _____

#6 _____

#7 _____

#8 _____

#9 _____

#10 _____

Were you able to determine the **cause of the damage**? _____

If yes, in your professional opinion what is your assessment of how the damage occurred?

In your professional opinion, was the damage caused by the same types of forces that can cause damage during shipping? _____

or

Was the external damage caused by age, fair wear and tear, manufacturer's defect? _____

Were there any **parts missing**?

If yes, please list part missing, replacement cost of the missing parts, and indicate if it can be replaced or repaired **by you or your company**.

#1 _____

#2 _____

#3 _____

#4 _____
 #5 _____
 #6 _____
 #7 _____
 #8 _____
 #9 _____
 #10 _____

Can this item be **fixed**, or must it be **replaced**?

#1 _____ #2 _____ #3 _____
 #4 _____ #5 _____ #6 _____
 #7 _____ #8 _____ #9 _____
 #10 _____

If this item must be **FIXED**, please indicate the cost to fix it:

#1: PARTS:\$ _____ + LABOR:\$ _____ = \$ _____
 #2: PARTS:\$ _____ + LABOR:\$ _____ = \$ _____
 #3: PARTS:\$ _____ + LABOR:\$ _____ = \$ _____
 #4: PARTS:\$ _____ + LABOR:\$ _____ = \$ _____
 #5: PARTS:\$ _____ + LABOR:\$ _____ = \$ _____
 #6: PARTS:\$ _____ + LABOR:\$ _____ = \$ _____
 #7: PARTS:\$ _____ + LABOR:\$ _____ = \$ _____
 #8: PARTS:\$ _____ + LABOR:\$ _____ = \$ _____

#9: PARTS:\$ _____ + LABOR:\$ _____ = \$ _____

#10: PARTS:\$ _____ + LABOR:\$ _____ = \$ _____

TOTAL FIX AMOUNT: PARTS: \$ _____ LABOR: \$ _____

If this item must be **REPLACED**, in *your opinion*, please state how much you think this item can be replaced for.

#1: \$ _____ #6: \$ _____

#2: \$ _____ #7: \$ _____

#3: \$ _____ #8: \$ _____

#4: \$ _____ #9: \$ _____

#5: \$ _____ #10: \$ _____

TOTAL REPLACE AMOUNT: \$ _____

****IF THE TOTAL COST OF EACH REPAIR EXCEEDS \$100.00, CLAIMANT WILL BE REQUIRED TO PROVIDE THE CLAIMS OFFICE WITH A PICTURE OF EACH DAMAGED ITEM BEFORE THE CLAIM WILL BE PROCESSED****

How much did this repair / replace inspection cost the customer? _____ Will this fee be applied to the cost of the repair should the customer choose to use your service? _____

Thank you for taking the time to complete this form.
OFFICE OF THE STAFF JUDGE ADVOCATE, CLAIMS DIVISION
FORT CAMPBELL, KY 42223. PH: 270-798-5011