



# ADAS Repair Plan

## 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**