

TRADE PARTNERS · PICKUP & DROP-OFF

INSURANCE SUBLET DETAILS REPAIRER INFORMATION

CLAIM & VEHICLE DETAILS

Insurance Co: _____ Insured: _____

Claim No: _____

Repairer & Order No: _____

Vehicle Make: _____ Rego No: _____

Assessors Name & Ph No: _____

— ACE USE ONLY —

Job No: _____ Area: _____

Quantity: _____ Size: _____ OE: _____ AM: _____

Repair: _____ Supply: _____ Machined: _____ CH/SH: _____

C/Cap: _____ Tyres Required: _____ RFT: _____

Tyre Brand: _____

Tyre Model: _____

Tyre Size: _____

Damage: _____ Tread %: _____

COMMENTS