



INSURANCE SUBLET DETAILS REPAIRER INFORMATION

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: