



SINCE 1981

FAX INSTRUCTION

TO: Edenbridge Accident Repair Centre

FAX NO: 01732 867120

FROM: _____

DATE: ___/___/___

Insured Name: _____

Insured Address: _____

_____ Post Code: _____

Tel No (Day): _____

Tel No (Eve): _____

Tel No (Mobile): _____

Email: _____

Vehicle Details: _____

Vehicle Reg No: _____

Insurer Name: _____

Insurer Address: (Where Policy Held) _____

_____ Post Code: _____

Insurer Tel No: _____

Policy No: _____

Claim No: _____

Excess: _____

Vat Reg: Yes/No

Accident Date: ___/___/___

Notes: _____
