below, please complete the following details and return to your insurance company with your claim form and estimate. As the policy holder of VEHICLE ______ REG No MAKE/MODEL_ INSURANCE Co_____ CLAIM REFERENCE No_____ My choice of vehicle repairer is TORCORNE THE ACCIDENT REPAIR CENTRE 22 Albert Road, St Philips, Bristol, BS2 0AY Tel: (0117) 972 3612 Fax (0117) 972 3613 As a policy holder, I exercise my right to choose my repairer. I therefore require the above named company to carry out the necessary repairs to my vehicle at the earliest opportunity. The vehicle should not be removed to any other repairer without my consent. COMPANY (IF APPLICABLE)_____ ADDRESS POSTCODE SIGNED_____ DATE____ **RMI**

If you require your vehicle to be repaired at the VBRA approved body repairer shown



Approved Body Centre