

Repairer's Assessment Form

OWNER / VEHICLE DETAILS

Policyholder

Make

Model

Reg No.

Plan No.

REPAIRER DETAILS

Name

Address

Telephone No: FAX:

Email Address:

Vat Reg No.

DETAILS OF REPAIR

Current Mileage Vin / Chassis No.

Date of Breakdown Labour Rate Excluding Vat per hour

Symptoms/Problems as described by customer

Reason for Part Failure

Part Required	Part Number	Price	Qty	Labour Time

Recovery £ Car Hire £ Diagnostics

Invoice Total

NB: Estimated costs may differ from the final Authorised Amount

Repairer Sign..... Name..... Date...../...../.....

After completing this assessment form (fully) please fax/post to: Warranty Wise (Repairs Department), Unit 5 Petre Court, Petre Road, Clayton Business Park, Clayton Le Moors, Accrington, BB5 5HY
Tel: **0845 293 2570** Fax: **01254 301 399** email: **repairsadmin@warrantywise.co.uk**.

Please take your instructions from the vehicle owner regarding authorisation to confirm the payment of your invoice. Do not complete any repairs until Warrantywise have decided whether (or not) an Independent Inspection is required and issued authorisation.

Fraud is a serious crime and anyone attempting to make a fraudulent request will be prosecuted.

This request for repair is made by the vehicle owner, subject to Warrantywise plan limits, exclusions and terms and conditions. The completion of this form does not guarantee authorisation or any payment from Warrantywise. However, failure to complete and sign this form will result in any decision being delayed.