

DULWICH HILL AUTO RESTORATIONS

ABN 85 602 239 569 – License No: 37965

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LETTER OF DEMAND

YOUR DETAILS: MR/MRS _____

ADDRESS _____

_____ POSTCODE _____

PHONE NUMBER H _____ W _____ M _____

YOUR REGISTRATION _____ DATE OF ACCIDENT ___/___/___

DRIVERS NAME _____ CONTACT _____

ADDRESS OF ACCIDENT _____

BRIEF DESCRIPTION _____

AMOUNT CLAIMING \$ _____

NAME OF PERSON AT FAULT MR/MRS _____

ADDRESS _____

DRIVERS LICENCE NUMBER _____ REGISTRATION _____

MAKE _____ MODEL _____

HAS YOUR VEHICLE BEEN REPAIRED? YES/NO

WAS YOUR VEHICLE TOWED? YES/NO

SIGNATURE _____ DATE ___/___/___