## SPRAY 'N' BAKE ACCIDENT

## **Accident Information Sheet**

CENTRE			
<b>Your Det</b>	ails	Other Details	
Name: Licence No: Address:		Name: Licence No: Address:	
P/Code: Phone:		P/Code: Phone:	
Reg No: Colour:	e): Year: cription:		
Incurance Co		P/Code:	
Insurance Company: Details of the Damage:		Phone: Insurance Company	
		Other party stateme for the accident, if a	nt excepting liability
Witnesses			
Witness 1 Name: Address:		Witness 2 Name: Address:	
P/Code: Phone:		P/Code: Phone:	
Accident Details			
Accident Loc Date: Weather:	Time:	Write a short descripti	on of the accident:

## **Contacts**

Launceston Towing 12 Rees St Invermay 7248

Phone: 03 6331 3322 (24 hours)

**Spray 'n' Bake Accident Repair Centre** 232 Hobart Road Kings Meadows 7250

Phone: 03 6344 5024

Fax: 03 6344 8303