



MOTOR VEHICLE INSURANCE AND REPAIR INDUSTRY CODE OF CONDUCT

Indemnity Form

(When completed to be retained by repairer and a copy sent to your Body Repair Division Divisional Manager)

Insurance company name:

Acknowledges, Pursuant to Clause 7.4 of the motor Vehicle Insurance and Repair Industry Code of Conduct, that it has required (Please insert repairer's name)

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to use as a method of repair or part that differs from that recommended by the repairer.

Brief description of the required alteration:

Insurer contact details:

Contact name:

Position:

Telephone:

Facsimile/email:.....

Assessor's signature:Date:

Repairer contact details:

Contact name:

Position:

Telephone:

Facsimile/email:.....

Repairer's signature:Date:

Please note: Upon completing this indemnity form, (please insert insurer's name)

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agrees, pursuant to Clause 7.5 of the Motor vehicle Insurance Code of Conduct, to pay the direct loss or liability incurred by (please insert repairer's name)

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by reason of quality, structural, presentation or safety defect caused by complying with the requirement.