

# Customer Information Form

## AGREEMENT TO TOW, STORE, QUOTE, REPAIR AND PAY

**This document is intended to be a legally binding agreement. Please review carefully.**

I, ..... of .....  
(customer name) (customer address)

The owner or authorised agent of the motor vehicle registered .....  
(vehicle registration) (vehicle make and model)

Agree to the following fees charged by Sheen Panel Service, which are subject to the terms and conditions between myself and Sheen Panel Service.....(the 'Agreement'), including:

1. Motor vehicle storage fees of **\$95.00 + GST per day**. This fee accrues daily.
2. Vehicle inspection and quote preparation **\$350.00 + GST**.
3. Vehicle investigation and facilitation of quoting, including OH&S (ISO 45001:2018) compliance of **\$140.00 + GST per hour** (example- removal of parts/trim, sharp edges, jacking of motor vehicle, etc.) or in the event of an **EV Vehicle** – (Disarm & Rearm) (dolly wheels to maneuver vehicle safely, etc.).
4. Environmental levy – **\$140.00 + GST Per hour** – as per Environmental Management Systems (ISO14001:2015) compliance (example – oil spills, spill kits, disposal, etc.).
5. Administration and handling fee. **\$280.00 + GST**.
6. I note that Sheen Panel Service agree to waive these charges only if and when repairs are authorised by me or my insurer, and only if those repairs are authorised for Sheen Panel Service to conduct the repairs.
7. I acknowledge that the above charges must be paid in all other circumstances, including but not limited to:
  - i. My motor vehicle being deemed a total loss by my insurer;
  - ii. If Sheen Panel Service are unable to contact me to commence the repairs, or I neglect to respond to their communications for a period of 30 days from the date my motor vehicle arrives at Sheen Panel Service; and/or,
  - iii. If my insurer removes my motor vehicle from Sheen Panel Service.

### Authorisation

I hereby authorise Sheen Panel Service .....to commence repairing my motor vehicle, and for  
..... to pay Sheen Panel Service..... directly for any  
(insurer)

Claim for payment of the services provided by Sheen Panel Service relating to my motor vehicle.

Signed on ..... day of ..... 20\_\_

.....  
**AGENT**

..... **OWNER /**  
**REPRESENTATIVE OF SHEEN PANEL SERVICE**

.....  
**NAME**

..... **PRINT**  
**PRINT NAME**

Note: All personal information is held securely in accordance with the appropriate legislation, is confidential and treated appropriately.

\*I consent to my details being provided to a Legal practitioner who may contact me to determine if I require any assistance with a TAC claim arising from my recent accident. If you do not wish this to occur, opt out [ ]

^I consent to my details being used for marketing or customer service purposes within the Sheen Group. If you do not wish this to occur, opt out [ ]



## Customer Information Form

### Customer Information

Date \_\_\_\_\_ Accident Date \_\_\_\_\_  
Name \_\_\_\_\_ Last name \_\_\_\_\_  
Address \_\_\_\_\_  
Home # \_\_\_\_\_ Mobile # \_\_\_\_\_  
Email/s \_\_\_\_\_

### Vehicle Details

Make & Model \_\_\_\_\_ Registration \_\_\_\_\_  
Insurance company \_\_\_\_\_ Claim # \_\_\_\_\_  
Colour \_\_\_\_\_ Auto/Manual \_\_\_\_\_  
Brief description of damage \_\_\_\_\_

### Other Party Details

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home # \_\_\_\_\_ Mobile # \_\_\_\_\_  
Make & Model \_\_\_\_\_ Registration # \_\_\_\_\_  
Insurance company \_\_\_\_\_ Claim # \_\_\_\_\_  
Were you injured in the Accident\*? Yes [ ] No [ ]

### Why Sheen Panel Service?

Return Customer	[ ]	Insurance Referral	[ ]	Convenient Location	[ ]
Dealer Referral	[ ]	Friend Referral	[ ]	Accident Replacement Vehicle	[ ]
Radio	[ ]	Social Media	[ ]	Billboard Advertising	[ ]
Google	[ ]	Yellow Pages/Sensis	[ ]	Competitive Quote	[ ]

Signature \_\_\_\_\_

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