

STRUCTURAL REPAIR CODE OF PRACTICE

DECLARATION

Record of Repair

Vehicle Make: _____ Vehicle Model: _____

Registration No: _____ VIN:

Repair Facility: _____ Structural Technician: _____

Insurance Co: _____ Welding Cert. No: _____

Claim No: _____ Assessor: _____

- Manufacturers Repair Method Copy attached
- Alternative Repair Method Attach copy/evidence of unavailability of manufacturers method
- Method Used Images of full repair process including cut and weld process
- Completed Repair Checklist Copy attached
- Parts Compatibility Confirmed Copy attached
- 3D Measurement Report Copy attached
- Retain All Outwork Evidence Copies attached
- Wheel Alignment Report (Mechanical & Wheel Repairs) Copy attached Not applicable
- Safety System Check Copy attached Not applicable

I, (name) authorised representative of (repair facility) confirm that the structural repairs to the above vehicle have been completed in accordance with the Structural Repair Code of Practice by a structural technician and that all evidence and documentation is a true and correct record of the repair.

Signed: _____ Date: _____

