**Submission for Determination**

**(*Note that this document is provided as a template and guide only. Additional pages may be added to this document or a different format may be used.)***

|  |  |
| --- | --- |
| **Submission made by** | …………………………………………………………………………………………………………*(The person making the statement)*  |
|  |
| Your role in the dispute? ……………………………………………………………………………………………………. |
| **Your contact details** |
| **Name** |  |
| **Phone** |  |
| **Email** |  |

|  |
| --- |
| **Background**In this section you should provide some background information:* Provide details of the parties' relationship
* Describe the events / matters leading to the issue in the order of when they happened
* What are the relevant sections of the *Motor Vehicle Insurance and Repair Industry Code of Conduct* if applicable?
* Explain where the obligations / rights come from (eg. the Code; authorisation of an estimate; a contract; etc.
 |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Content** In this section you should provide the main content and more detailed information:* Provide arguments / reasons for your claim
* Make sure that you support your claim/s by referring to any evidence that supports your claim noting the attachment number
 |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Evidence*** List the documents, witness statements, photographs or any other evidence that you are providing to support your claim.
* Make sure that each item is individually identified with letters / numbers (ie. Attachment A, B, C)
 |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Other comments or additional information** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| **I confirm that the information provided above is correct at the time of the submission.** |
| **Signed** |  |
| **Name** |  |
| **Date** |  |