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DAMAGE ASSESSMENT - NEW INSTRUCTIONS

Instructing Principal:	Ref:
Address:	Case Handler & Dept:
	Direct Dial:
Town:	Email:
Postcode:	Date:

Owner	INSURED/THIRD PARTY <small>(delete as appropriate)</small>	Vehicle
Name:		Vehicle Reg No:
Address:		Vehicle Make/Model:
Home Telephone:		Vehicle Damage:
Work Telephone:		Policy/Claim Type
Mobile Telephone:		Policy Cover:
Inspection Location (including contact numbers):		Claim Type: Accident/Theft/Fire/Flood/Other.....
		Policy Excess:
Authorise Repairs:	Without Prejudice:	VAT Registered: Yes/No <small>Delete as Appropriate</small>

Incident Details:	Repairer & Estimate Details:
Loss Date:	Repairer:
Incident Circumstances:	Repairer's Tel:
Special Instructions/ Reason for Inspection:	Estimate Details: