

NATIONAL Assessment Centre Services. (Unit 1 Jan 2001) 15 MAY 2003 546																																																						
Date In: 23/05/20 11:20	Job description	Date & Time Completed	Done by																																																			
Ref No: NBA/M3420004346/Y	SAS e-illing																																																					
Veh No: SPZ 2224	E-mail (E-jobs sheet, AIC sheet)																																																					
Q.O.N: 10/01/2020 16:50	I-Motor Claims Form																																																					
OD: TP / Reporting Only	I-Motor W/O (with: OD sheet, TP sheet)																																																					
TP Insurer:	I-Photo Uploaded																																																					
	Assessment/Survey Report																																																					
	Ass't Report by Fax / Hand to Owner/Vic																																																					
Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:																																																				
TP Identification:	Veh No: SPZ 2288R	INC () / Non-INC ()																																																				
Owner / Driver: (	Tel:																																																					
Policy No: (	Period: (	Cover Type: (																																																				
Confirmed by: (	Dates:	Times:																																																				
Insured/Driver Liability: (	%) [Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%]																																																					
Year of Registration: (	Warranty: YES () / NO ()																																																					
Excess: (\$	Loading: \$1,000 () / \$2,000 ()																																																					
() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.																																																						
() Total Loss Case: to e-mail Insurer URGENTLY.																																																						
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()																																																						
1) Apply for Transport Allowance () / Courtesy Car ()																																																						
2) QC Check / Post Repair Inspection ()																																																						
3) Upload Resurvey Photo [Repair Cost > \$5000] ()																																																						
Injury: _____																																																						
Driver: DOUBIE KATHERINE 10/02/2020																																																						
Driver/Owner:																																																						
Contact No:																																																						
Damaged Portion:																																																						
QC Checked by (Bug-In-Charge):																																																						
AL:																																																						
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