

26/4/1



NRMA INSURANCE LIMITED - CAR ADJUSTERS STOLEN VEHICLE REPORT

GENERAL DETAILS

INSURED **NP59 and NP60** CLAIM NO. _____
 VEHICLE - MAKE Ford ESCORT YEAR MODEL 73 MONTH OF MANUFACTURE PLATE BURNT

PRIOR CONDITION

SUM INSURED \$ 2999 PRIOR VALUE \$ 2900 DEALERS GUIDE VALUE \$ 2400
 PRIOR CONDITION (Body, Mechanical, Tyres etc.) AVERAGE CONDITION
 ACCESSORIES FITTED (Air conditioning, Mag wheels, Cassette player etc.) MAG WHEELS,
 UNABLE TO CONFIRM FURTHER ACCESSORIES DUE TO
 EXTENSIVE FIRE DAMAGE

CONDITION OF LOCKS

DOOR LOCKS: BROKEN UNBROKEN BURNT
 STEERING LOCK: BROKEN UNBROKEN BURNT
 COMMENTS: UNABLE TO CONFIRM PERMANENTLY DUE TO
 FIRE DAMAGE

SALVAGE CONDITION

SALVAGE VALUE \$ NIL
 SALVAGE CONDITION (Prior repairs, Rust, Reduco etc.) AVERAGE - MINOR RUST
 IN N/S/R & PANEL LOWER SECTION
 ACCESSORIES OR PARTS REMOVED VEHICLE BURNT WHOLE

ADDITIONAL REMARKS

CLAIM DOES NOT APPEAR SUSPICIOUS

ASSESSOR P Nixon AREA P2
 DATE 2 11 01 80

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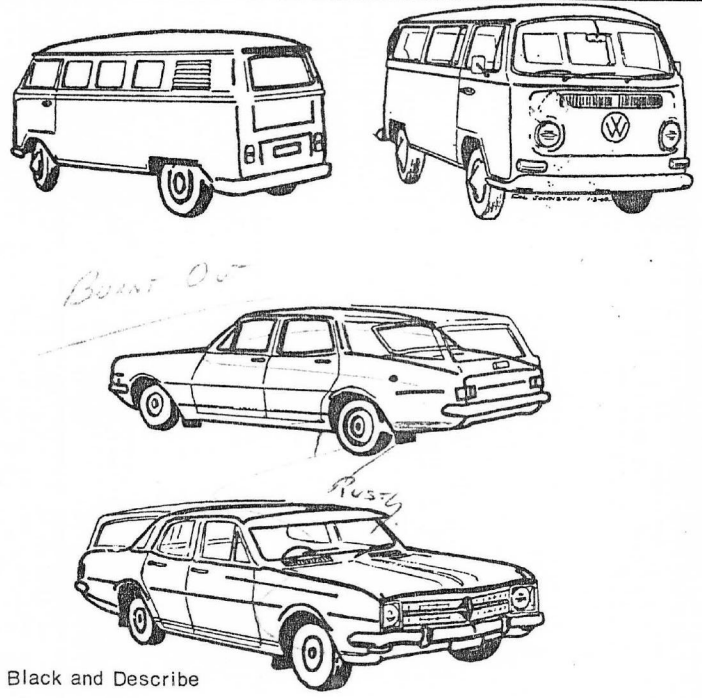
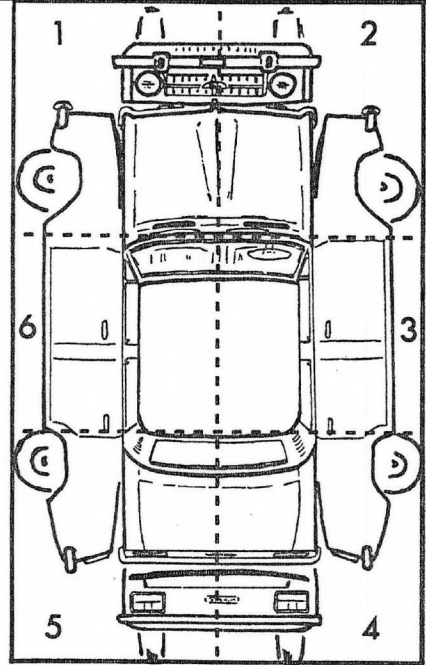
REMARKS-REPAIR QUOTATION

	\$	c		s

IF TOTAL LOSS, ESTIMATED COST OF REPAIRS.....

MODIFICATIONS:.....

MODIFICATIONS ACCEPTABLE YES NO Assured Interviewed YES NO Records Advised / /



Claim Damage in Red Other Damage in Black and Describe

ACCESSORY CHECK		VENETIAN BLINDS		BATTERY		HEATER	
<i>No</i>	KEYS	<i>No</i>	RADIO	<i>Repr</i>	<i>Repr</i>		LAMPS FRONT REAR
<i>No</i>	ROAD WHEELS	<i>Repr</i>	AERIAL	<i>"</i>	<i>"</i>	<i>No</i>	TOWBAR
<i>No</i>	HUB CAPS	<i>No</i>	CLOCK	<i>"</i>	<i>"</i>	<i>No</i>	TOOLS
<i>No</i>	DRESS RIMS	<i>No</i>	TACHOMETER			<i>No</i>	BOOT MAT
<i>No</i>	SUN VISOR	<i>No</i>	STEREO TAPE PLAYER			<i>Repr</i>	NUMBER PLATE
<i>No</i>	WEATHER SHIELD	<i>No</i>					

SALVAGE CENTRE NOTIFIED (PHONE DETAILS).....

QUOTATION REQUIRED YES NO ASSESSOR'S REPORT COMPILED YES NO

TOWING ARRANGED..... TOWER..... AMOUNT FOR TOW.....

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P. NIXON

CAR ADJUSTERS

INSPECT & ADJUST - APPROVED BY	CODE	INSUREDS	CLAIM NUMBER
INSPECT & REPORT - REASON	3R	CHECK NAME	

INSURED: **NP59 and NP60** OCCUPATION: **Press Worker**
 ADDRESS: **PARRAMATTA** Postcode: **2150** PHONE No. Private: **[REDACTED]** Business: **[REDACTED]**

Pol. No.	Accident Date	Year	1973
Due Date	Time	Make	FORD
Sum Ins.	Place	Type	ESCORT
Pol. Excess	Towed	Body	SEDAN
Driver Age	Firm	Reg. No.	[REDACTED]
Total Excess		Engine	[REDACTED]

Accident Description Damage Description
 Place of Inspection: **POOLE RD KELLYVILLE** Date of Inspection: **2-10-80**
 Vehicle has been transferred to: **BAKED-GOLDEN FLEECE** AT ABOVE LOCATION

CONDITION OF }
 BRAKES **Burnt** OF
 STEERING NF
 GENERAL **Burnt** TYRES NR
 SPEEDO READING: **Burnt** km/miles (Remaining Tread) OR
 DEFECTS CONTRIBUTING TO ACCIDENT: SPARE
 GENERAL REMARKS: **2**

TOTAL LOSS CASH SETTLEMENT
 P 4V 10/50 24.00
 PRIOR VALUE \$ 29.00
 SALVAGE VALUE \$ NIL
 SALVAGE OFFERS \$

SPECIAL CLERICAL INSTRUCTIONS: **2**

ESTIMATE \$ **2999 T/LOSS**
 EST. RECORDED

CONTRIBUTIONS: Client Advised Interviewed Phoned
 ITEM AND INSTRUCTIONS: **[Signature]** Contribution \$

ADJUSTER **[Signature]**
 DAMAGED AREA CODE

REPAIRER: **Total Loss**
 NAME
 ADDRESS Postcode

PAYROLL No. **5525**
 AREA **P2**

REPAIRER'S QUOTATION	Date Inspected	Date Accepted	Date Passed	Adjuster
Policy Excess \$ <input type="checkbox"/> Age Excess \$ <input type="checkbox"/> Total Excess \$ 2999 T/LOSS	2/10/80			
Plus Parts Complete				
{ Towing Incl. in }				
{ Account \$ }				

METHOD OF ADJUSTING:
 CONSTRUCTIVE T/LOSS = TOTAL REPAIR COSTS \$ **REPAIR** CONTRIBUTION C/SETTLEMENT T/LOSS

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STATEMENT OF LOSSES

Particulars of Items Burnt/Stolen	Date of Purchase	From Whom Purchased	Whether New or Used when Purchased	Amount Paid		Market Value at the Time of the Fire/Theft
				\$	c	\$
Rubber		Bought with car	Used			

ALSO TO BE COMPLETED WHEN CLAIM IS WHOLLY OR IN PART IN RESPECT OF TYRES:

Size and Type _____
 Date when Purchased _____
 Whether New or Secondhand when Purchased (please attach receipts) _____
 Retreaded? (Answer Yes or No) _____
 Approximate distance travelled in kilometres _____

Tyre No. 1	Tyre No. 2	Tyre No. 3	Tyre No. 4	Tyre No. 5

I/WE DO SOLEMNLY AND SINCERELY DECLARE—

1. That on the Date of Loss abovementioned the Insured Vehicle and/or its Accessories, Fittings and/or Spare Parts more particularly described in the above statement were destroyed and/or damaged by fire ^{stolen} in the manner specified above and that the particulars given above are true in every respect.
2. That there was no insurance other than that stated above current on or extending to the said vehicle or property, or part of it, at the time of the said fire or theft.
3. That the said fire or theft occurred without my/our procurement or connivance and that I/we have in no manner or by fraud or wilful misrepresentation sought unjustly to benefit thereby.
4. That the information supplied on this claim form is true in every respect.

AND I/we make this declaration conscientiously believing the same to be true.

Witness PE Robertson (Normal)
 (Signature required)

Signature **NP59 and NP60**

Date 2-10-80