



INVESTIGATION | ENGINEERING | RESEARCH

NEW INSTRUCTIONS

Please tick one or a combination of boxes to indicate the case type:

SERIOUS	FATAL	LARGE LOSS
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PEDESTRIAN	CYCLIST	CAR	MOTORCYCLE
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Instructor: _____ Insurer: _____ Reference: _____
 Address: _____ Case Handler: _____
 _____ Direct Dial: _____
 Town: _____ Email: _____
 Postcode: _____ Date: _____

Disbursement Charges			
Additional Work:	£100/hr	Additional Photographs:	£2 each (limited to £40)
Travel Time:	£45/hr	Mileage:	£0.55/mile
Telephone and correspondence costs (standard charge)			£10

Please tick the box for the require service/combination of services

Data Capture Services					
Service	Output	Mechanical Inspection Required?	Number of Vehicles	Cost (excl. travel & VAT)	
Vehicle Inspection	Advice Note Damage Report Colour Photographs	No	1	£295	<input type="checkbox"/>
			2	£540	<input type="checkbox"/>
		Yes	1	£390	<input type="checkbox"/>
			2	£730	<input type="checkbox"/>
Site Inspection	Site Report Colour Photographs	-	-	£395	<input type="checkbox"/>
	Site Report Colour Photographs Site Plan	-	-	£545	<input type="checkbox"/>

NOTE: The above costs are for data capture only. For opinions on liability please select one of the Investigation and Liability Services overleaf.

Investigation and Indication of Liability Services

Service	Output	Mechanical Inspection Required?	Number of Vehicles	Cost (excl. travel & VAT)	
Vehicle Inspection	Damage Report Discussion Conclusions Colour Photographs	No	1	£595	<input type="checkbox"/>
			2	£790	<input type="checkbox"/>
		Yes	1	£745	<input type="checkbox"/>
			2	£1030	<input type="checkbox"/>
Site Inspection	Site Report Colour Photographs	-	-	£395	<input type="checkbox"/>
	Site Report Colour Photographs Site Plan	-	-	£545	<input type="checkbox"/>

Appraisal Service

Service	Output	Cost	
Appraisal	Advice Note	£200	<input type="checkbox"/>

Desktop Reports

Service	Output	Typical Cost	
Desktop Report	Desktop Report Discussion Conclusions Animation Simulation	£500 + (please contact us for a free quote if required)	<input type="checkbox"/>

Additional Instructions (e.g. attachments etc)

Please identify as much information as possible

	Insured	Third Party	Third Party
Name:			
Full Address: (inc. postcode)			
Telephone numbers:			
Vehicle Make and Model:			
Vehicle Registration:			
Incident Location:			
Incident Date:			
Exact Vehicle Location:			
Current Keeper Details: (if different from above)			
Storage Charges: Y/N			
Incident Circumstances			