Listening

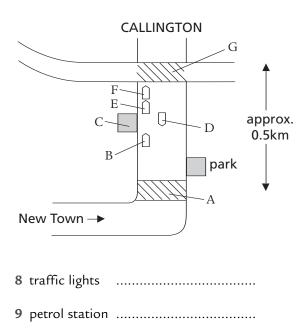
Section 1

Questions 1–7 Complete the form below, using NO MORE THAN THREE WORDS AND/OR A NUMBER for each answer.

TravelSafe INSURANCE PLC
Department: Motor Insurance
Client details: Name: Elisabeth 1 Date of birth: 8.10.1975 Address: 2
Accident details: Date: 4 Time: Approx. 5 Supporting evidence: 6 Medical problems (if any): 7 injuries

Questions 8–10 Label the diagram/plan below.

Write the correct letter, A–G, next to questions 8–10.



10 blue van