

ASSIGNMENT

Surveyor: STEVE DOI: 10/10/2024 Date / Time : Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : XD8188J Claim No. :
Name of Insured : Policy No. :
Insured Tel No. : HP: Make / Model :
Excess Sec II :S\$ D.O.A : 03/10/2024 Place of Accident :
Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel No. : (V/L: YES / NO) Insured Liability : % Final ? Yes / No

SMB1306Y



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Table with columns: Date/ Time, STAGE, DATE / PIC, PRELIMINARY ADVICE, FINALIZATION, FINAL SETTLEMENT, Total, FINAL PAYMENT. Includes details on repair costs, liability, and payment terms.