

ASSIGNMENT

Surveyor: MARCUS DOI: 04/11/2024 Date / Time : Registered in Merimen:

Pre-assign / CCU / FTE



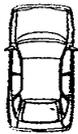
Insured Vehicle No. : GBK 5742C Claim No. :
Name of Insured : Policy No. :
Insured Tel No. : HP: Make / Model :
Excess Sec II :S\$ D.O.A : 21/10/2024 Place of Accident :
Is driver the owner? (YES / NO) Nature of Accident :

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

SGW 60Y



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
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Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Table with columns: Date/ Time, STAGE, DATE / PIC, Documentation Check List, Handler, Typist. Includes sections for PRELIMINARY ADVICE, FINALIZATION, FINAL SETTLEMENT, and FINAL PAYMENT.