

ASSIGNMENT

Surveyor: ADRIAN DOI: 22/10/2024 Date / Time : Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SCU2727C Claim No. :
Name of Insured : Policy No. :
Insured Tel No. : HP: Make / Model :
Excess Sec II :S\$ D.O.A : 18/10/2024 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

PC7522J



INSRS: WSP: Tel : Liability : RMKS:



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