1	5/5/2010					LKK:			
т	INS. CASE OWNER		CD/AIG2	24060273/Uma	3	IDAC:			
	II. CADE O WILLIA.		ACCI	ASSIGNMENT					
S	Surveyor:		DOI:		Date / Time :				
	Pre-assign / CCU /	/FTE			Registered in Me	erimen:	_		
	Insured Vehicle No	0141/ 000011		Claim No.					
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H H	Name of Insured	:		Policy No.	:			•	
	Insured Tel No.	:	HP:	Make / Model	:			_	
1	Excess Sec II :S\$		D.O.A:	Place of Accid	lent :				
	Is driver the owner?	? (YES / NO)	Nature of Accident :						
I	If NO , Driver Name / Age:			OI GIA REPO	RT: YES / NO ; T	ΓΡ GIA REPORT	: YES / N	10	
	Driver Tel No. :		(V/L: YES / NO)	(V/L: YES / NO) Insured Liabili					
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Payee 2: (Strike if N.A.)

Payee 3: (Strike if N.A.)

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Name 2:

Name 3: