

ASSIGNMENT

Surveyor: KENNETH DOI: 27/12/2024 Date / Time : Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : GBC 3465H Claim No. :
Name of Insured : Policy No. :
Insured Tel No. : HP: Make / Model :
Excess Sec II :\$ D.O.A : 29/11/2024 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

SMT 2810G



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, Documentation Check List, Handler, Typist. Includes sections for PRELIMINARY ADVICE, FINALIZATION SUBMIT, FINAL SETTLEMENT, and FINAL PAYMENT.