

ASSIGNMENT

Surveyor: TAUFIKH DOI: 09/07/2024 Date / Time : Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : YP 8371X Claim No. :
Name of Insured : Policy No. :
Insured Tel No. : HP: Make / Model :
Excess Sec II :S\$ D.O.A : 02/07/2024 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

SCK 6308E



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), PRELIMINARY ADVICE, FINALIZATION, FINAL SETTLEMENT, Total, FINAL PAYMENT. Includes details on repair costs, liability percentages, and settlement dates.