	INS. CASE OWNER:			CD/AIG24070320/Ur			LKK:			
				CD/AIG24	070320/Un	na3	IDAC:			
				ASSIGN	MENT					
	Surveyor:		Data / Time :							
	Surveyor.			DOI:		Registered in Merimen:				
	Pre-assign / CCU	/ FTE				Registered in Mer	imen:			
	Insured Vehicle No	. : SNQ 686	R	<u>—</u>	Claim No.	:				
AA	Name of Insured	:			Policy No.	:			_	
	Insured Tel No.	: <u></u>	HP:		Make / Model	:				
1	Excess Sec II :S\$		D.O.A :		Place of Accid					
	Is driver the owner	? ( YES / NO								
	If <b>NO</b> , Driver Nan	ne / Age :			OI GIA REPO	RT: YES / NO ; T	P GIA REPORT	: YES /	NO	
	Driver Tel No.: (V/L: YES / NO.)			L: YES / NO )	Insured Liabili		Final? Yes/		110	
	-									
				<b></b>			<b>→</b>			
	INSRS:		NSRS:		INSRS:		INSRS:			
	WSP: Tel :	n /r	WSP: Γel :		WSP: Tel :		WSP: Tel :			
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Name 1: HUP MOTOR TRADING & SERVICE

Name 2:

Name 3:

s\$ 842.53

S\$

S\$

Payee 1:

Payee 2: (Strike if N.A.)
Payee 3: (Strike if N.A.)