

INS. CASE OWNER:

RA | CC 4, Arm 180 21304, K 11a3

LKK:
IDAC:

ASSIGNMENT

Surveyor:

KSC

DOI:

27/11/2018

Date / Time:

26.11.18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SKB 2749 X

Claim No. : S8m0140W

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :SS D.O.A : 21.11.2018

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

SKB 2749 X

SOP 3738D

SGL 501P



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP: 4Hmk
Tel :
Liability : TP
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
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RMKS:

Date/ Time	STAGE	DATE / PIC																																																																																																				
19/04/2020	Pls refer to Views for details.																																																																																																					
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