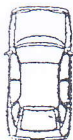


DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.

Name of Insured

Insured Tel No.

Excess Sec II :SS

Is driver the owner?

If NO, Driver Name / Age :

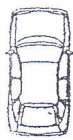
Driver Tel No. :

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%	Final ? Yes / No
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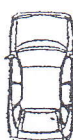
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP.

Tel :

Liability :

RMKS:



INSRS.

WSP.

Tel :

Liability :

RMKS:

Payee 2: (Strike if N/A.)	\$S	Name 2:
Payee 3: (Strike if N/A.)	\$S	Name 3: