15/5/2010		CC6/CT1190	01153/Aba3q2		CK: AC:	
INS. CASE	E OWNER:	ASSIG	NMENT	1) "	12/-1/0	
Surveyor:	UVY	DOI: ASSIGNMENT		Date / Time : Registered in Merimen:		
Pre-assig	n / CCU / FTE		No.	ogistered in Wermien		
	CCD !	050 WWD20		Claim No. : SNM19D201061/TAYHP		
Insured V	ehicle No. :					
Name of I	Insured :		Policy No. :			
Insured To	el No. :	HP:		Make / Model :		
Excess Se	ec II :S\$	D.O.A: 15/19	Place of Accident			
Is driver t	the owner? (YES / NO)	Nature of Accident:				
If NO. D	priver Name / Age :		OI GIA REPORT:	YES / NO : TP GIA	A REPORT: YES / NO	
Di	river Tel No. :	No.: (V/L: YES / NO.)		Insured Liability: % Final? Yes / No		
SKA	8162 C					
INSRS:	INS	DC.	INSRS:		INSRS:	
WSP:	WSI WSI	1) []	WSP:		WSP:	
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Liability :	11/17 -10/1	pility:	Liability:		Liability:	
W-0,000 AB AV.	RM	KS:	RMKS:	**Tatheway staff	RMKS:	
Date/ Time						
	STARY 200 CUB CO	7117013517/ALABAT	101714	rage	DATE / PIC	
	-016	Non-Reporting Itr (1st): Non-Reporting Itr (2nd): Non-Reporting Itr (2nd): Non-Reporting Itr (Final):				
	-1461				Non-Reporting ltr (Final):	
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	911-046h de	Arh 18012938 Aebig2	7067 1714118	fter call ltr to OI:		
				ocumentation Check	List: Handler Typist	
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				fter call ltr to OI:		
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25/09/2	2020 SUBMIT REPO	ORT TO CTI	PI	R:		
	3 3 3 M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		M	landate/Reject Instruc	ction:	
			L	OD		
DDEI IMPLANT	ADVICE Data/E	0	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	ayment Breakdown F	orm:	
PRELIMINARY A	ADVICE Date/Time:	Sent By:	Pe	ost-Repair Photos:	form:	
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FINALIZATION	Date/Time:	Confirm with:	Pri O	ost-Repair Photos: thers:		
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