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INS. CASE OWNER		CC 4/ Al61901:	2/01/	Ka3	IDAC:	
	11.	ASSIGNM	ENT		931	16
Surveyor:	11.	DOI:		Date / Time : _	(1)	
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Pre-assign / CCU			1800	and a		
Insured Vehicle No	5359	079 X	Claim No.		100	
Name of Insured	* 1		Policy No.			
Insured Tel No.		TITS.				
Excess Sec II :SS	-	HP:	Make / Model			
	d (NEC / NC)	D.O.A: 30 3 19	Place of Acciden	t:		*
Is driver the owner	(, 1.0)	Nature of Accident :		7.24		
If NO, Driver Nar		¥	OI GIA REPORT	T: YES / NO ; TI	GIA REPORT:	
Driver Tel	No.:	(V/L: YES / NO)	Insured Liability	: %	Final? Yes/N	No .
SUK 359	6C		7		→ .	
	and the particular section is					
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12/8	in calver	. Do survey do	Λ.	Notification ltr (if	non-pickup):	
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21/09/20		Cuelly			heck List: Handle	er Typist
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PRELIMINARY ADVICE	E Date/Time:	Sent By:		Mandate/Reject LOD	own Form:	
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