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	ING. CASE OWINER.		ASSICN	ASSIGNMENT		l.		
	Surveyor:		DOI:					
					Date / Time :			
	Pre-assign / CCU / F	FTE			Registered in Meri	men:		
	Insured Vehicle No.	: SHB 7523G	1	Claim No.				
		•			•			
	Name of Insured	:		Policy No.	:		<del></del>	
	Insured Tel No.		HP:	Make / Model	:			
	Excess Sec II :S\$	I	D.O.A: <u>23/06/201</u> 6	Place of Accide	nt :			
	Is driver the owner?	(YES / NO)	Nature of Accident :					
	If NO, Driver Name / Age:		OI GIA REPO		ORT: YES / NO ; TP GIA REPORT: YES / NO			
	Driver Tel No.:		(V/L: YES / NO)	(V/L: YES / NO ) Insured Liabili		ty: % Final? Yes/No		
	SHD 9086C							
	3110 90000						<u></u>	
	INSRS:	INSRS:		INSRS:		INSRS:		
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					STAGE Non-Reporting ltr (1		E / PIC	
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					Notification ltr (if no	on-pickup):		
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					Notification ltr (if no	on-pickup)		
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Payee 2: (Strike if N.A.)

Payee 3: (Strike if N.A.)

S\$

S\$

Name 2:

Name 3: