15/5/2010

INS. CASE OWNER: CC3/CTI22001162/Kea3

LKK:

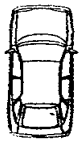
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 07/02/2022 Date / Time : 07/02/2022

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SLC 1494T Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

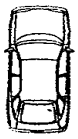
Excess Sec II :S$ D.O.A : 30/01/2022 11:00 Place of Accident :

Is driver the owner? (YES / NO) Nature of Accident :

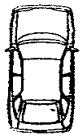
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

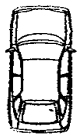
SMY 582B → → →



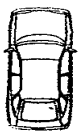
INSRS:
WSP: TRANS CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMY 582B - X	SLC 1494T - X