

ASSIGNMENTSurveyor: **ADRIAN**DOI: **30/06/2022**Date / Time : **30/06/2022**Registered in Merimen: **03/07/2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **SND 3152M**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : **26/06/2022 14:50**Place of Accident : **ROUNDAABOUT ARTILLERY AVE 4
ALLANBROOKE ROAD**

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****SNC 5253Y**INSRS:
WSP: **ADVANCE
AUTO
GARAGE**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS: