

INS. CASE OWNER:

ASSIGNMENT

Surveyor: KENNETH DOI: 22/08/2022 Date / Time : 22/08/2022 Registered in Merimen: 25/08/2022

Pre-assign / CCU / FTE



Insured Vehicle No. : GBF 7777R Claim No. :
Name of Insured : Policy No. :
Insured Tel No. : HP: Make / Model :
Excess Sec II :\$ D.O.A : 28/06/2022 14:10 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

SHD 5886L



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



INSRS: WSP:
Tel :
Liability :
RMKS:



INSRS: WSP:
Tel :
Liability :
RMKS:



INSRS: WSP:
Tel :
Liability :
RMKS:

Table with columns for Date/Time, Reference Entry, Customer Name, Vehicle No., TP Vehicle No., Accident Date, Close Date, Date Created, and By. Includes sections for PRELIMINARY ADVICE, FINALIZATION, FINAL SETTLEMENT, and FINAL PAYMENT.