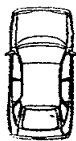


ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : [29/08/2022](#)
Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : GBK 4550X Claim No. : _____

Name of Insured : _____ Policy No. : _____

Insured Tel No. : _____ HP: _____ Make / Model : _____

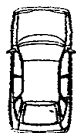
Excess Sec II :S\$ D.O.A : 23/08/2022 13:45 Place of Accident : Open Space Carpark Near Verdun Road

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**

GBC 6549E



INRS:
WSP: Liu's Brother
Tel: Auto Engineering
Liability: Workshop
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

[illegible]