

ASSIGNMENT

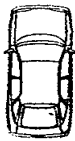
Surveyor: _____

DOI: _____

Date / Time : 23.09.2022

Registered in Merimen: 23.09.2022

Pre-assign / CCU / FTE



Insured Vehicle No. : S 1915CD

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A : 15.09.2022 18:40

Place of Accident :

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

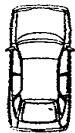
If **NO**, Driver Name / Age :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO)

Insured Liability :	%	Final ? Yes / No
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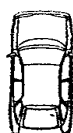
S 16E



INRS:
WSP: Premium Carz
Tel: Services Pte Ltd
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

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