

ASSIGNMENT

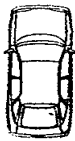
Surveyor: XING GUO QIANG

DOI: 10/10/2022

Date / Time : 10/10/2022

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : YQ 1976S

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A : 07/10/2022 14:20

Place of Accident :

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

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

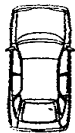
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability :	%	Final ? Yes / No
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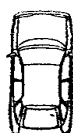
SHA 7721G



INRS: **CDGE**
WSP: **LOYANG**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

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