

ASSIGNMENT

Surveyor: Kenneth DOI: 04/11/2022 Date / Time : 04/11/2022 Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : XB 8480A Claim No. :
Name of Insured : Policy No. :
Insured Tel No. : HP: Make / Model :
Excess Sec II :\$ D.O.A : 03/11/2022 12:50 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

SHC 5089B



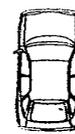
INSRS: WSP: TRANS- CAB
Tel :
Liability :
RMKS:



INSRS: WSP:
Tel :
Liability :
RMKS:



INSRS: WSP:
Tel :
Liability :
RMKS:



INSRS: WSP:
Tel :
Liability :
RMKS:

Table with columns: Date/ Time, Reference Entry Date, Customer Name, Vehicle No., TP Vehicle No., Accident Date, Close Date, Data Created By, DATE / PIC. Contains multiple rows for SHC 5089B and XB 8480A.

PRELIMINARY ADVICE, FINALIZATION, FINAL SETTLEMENT, FINAL PAYMENT sections with various input fields for dates, costs, and confirmations.