

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 02.12.2022
Registered in Merimen: 02.12.2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SND 2012R Claim No. :
Name of Insured : Policy No. :
Insured Tel No. : HP: Make / Model :
Excess Sec II :S\$ D.O.A : 30.11.2022 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

SH 9609T



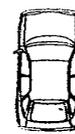
INSRS:
WSP: BIFROST
Tel : AUTO PTE LTD
Liability :
RMKS:



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, and STAGED By. Includes sections for PRELIMINARY ADVICE, FINALIZATION, FINAL SETTLEMENT, and FINAL PAYMENT.