

ASSIGNMENT

Surveyor: ADRIAN DOI: Date / Time : 01.02.2023 Registered in Merimen: 01.02.2023

Pre-assign / CCU / FTE



Insured Vehicle No. : SJE 5594A Claim No. :
Name of Insured : Policy No. :
Insured Tel No. : HP: Make / Model :
Excess Sec II :S\$ D.O.A : 24/01/2023 11:05 Place of Accident : PTE TWDS PIE (AFTER JLN KAYU FLYOVER)
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

SLF 2677K



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



INSRS: WSP:
Tel :
Liability:
RMKS:



INSRS: WSP:
Tel :
Liability:
RMKS:



INSRS: WSP:
Tel :
Liability:
RMKS:

Table with columns: Date/ Time, Reference Entry, Customer Name, Vehicle No., TP Vehicle No., Accident Date, Close Date, Reported By, DATE / PIC, Documentation Check List (Handler, Typist), PRELIMINARY ADVICE, FINALIZATION, FINAL SETTLEMENT, GLOBAL SUM, FINAL PAYMENT.