

ASSIGNMENT

Surveyor: \_\_\_\_\_ DOI: \_\_\_\_\_ Date / Time : 21.03.2023
Registered in Merimen: 21.03.2023

Pre-assign / CCU / FTE



Insured Vehicle No. : SDP 9111Y Claim No. :
Name of Insured : Policy No. :
Insured Tel No. : HP: Make / Model :
Excess Sec II :S\$ D.O.A : 18.03.2023 16:00 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

SDR 988H



INSRS:
WSP: HOCK WAH
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, Date Created By, DATE / PIC, Documentation Check List: Handler Typist. Includes sections for PRELIMINARY ADVICE, FINALIZATION, FINAL SETTLEMENT, and FINAL PAYMENT.