

ASSIGNMENT

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

Pre-assign / CCU / FTE



Insured Vehicle No. : GBL 4390K Claim No. : \_\_\_\_\_
Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_
Excess Sec II :\$\$ D.O.A : 20.03.2023 12:45 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

SHD 363L



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 for Date/Time, Reference Entry, Customer Name, Vehicle No., TP Vehicle No., Accident Date, Close Date, Date Created, and various checkboxes for documentation and payment.