

ASSIGNMENT

Surveyor: MARCUS DOI: 13.04.2023 Date / Time : 13.04.2023 Registered in Merimen: 13.04.2023

Pre-assign / CCU / FTE



Insured Vehicle No. : FBM 7540U Claim No. :
Name of Insured : Policy No. :
Insured Tel No. : HP: Make / Model :
Excess Sec II :\$\$ D.O.A : 08/04/2023 15:40 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

FBM 7540U



INSRS: WSP: EROFIA MOTOR
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, Claimed By, DATE / PIC, and various checkboxes for documentation and settlement.