

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 26.06.2023

Registered in Merimen: 27.06.2023

Pre-assign / CCU / FTE

Insured Vehicle No. : SNA 6074B

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A: 25.06.2023 15:40

Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident :

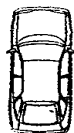
If **NO**, Driver Name / Age :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO)

Insured Liability :	%	Final ? Yes / No
1. General Liability		
2. Professional Liability		
3. Directors and Officers Liability		
4. Employment Practices Liability		
5. Cyber Liability		
6. Umbrella Liability		
7. Commercial Auto Liability		
8. Watercraft Liability		
9. Aircraft Liability		
10. Boiler and Machinery		
11. Fidelity and Bond		
12. Crime Insurance		
13. Fire and Theft		
14. Marine Cargo		
15. Marine Hull		
16. Marine P&H		
17. Marine Pollution		
18. Marine Salvage		
19. Marine Towing		
20. Marine War and P&H		
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SCV 20R



INRS:
WSP: CHENG HOE
Tel : MOTOR PL
Liability :
RMKS:



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Liability :
RMKS:



INSRS:
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Liability :
RMKS:



INSRS:
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Liability :
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