

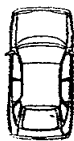
ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 28.06.2023

Registered in Merimen: 28.06.2023

Pre-assign / CCU / FTE

Insured Vehicle No. : SMK 5718T

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A : 19/04/2023 04:15

Place of Accident :

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

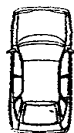
If **NO**, Driver Name / Age :

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. Fidelity and Bonding		
6. Commercial Auto		
7. Commercial Property		
8. Marine		
9. Aviation		
10. Cyber Liability		
11. Environmental		
12. Health and Safety		
13. Workers Compensation		
14. Disability Income		
15. Life Insurance		
16. Accident and Sickness		
17. Long-Term Care		
18. Health Maintenance Organization		
19. Flexible Spending Account		
20. Health Savings Account		
21. Voluntary Employee Benefits		
22. Pension Plan		
23. Profit Sharing Plan		
24. 401(k) Plan		
25. 408(a) Plan		
26. 408(b) Plan		
27. 409(a) Plan		
28. 409(b) Plan		
29. 409(c) Plan		
30. 409(d) Plan		
31. 409(e) Plan		
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42. 409(p) Plan		
43. 409(q) Plan		
44. 409(r) Plan		
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125		

SMG 973B



INRS:
WSP: **TWINCAR**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

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