

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 01/08/2023
Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SKT 5377U Claim No. :
Name of Insured : Policy No. :
Insured Tel No. : HP: Make / Model :
Excess Sec II :\$ D.O.A : 23/07/2023 11:00 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

SML 2796G



INSRS:
WSP: FALCON
Tel : AIR - S/M
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Table with multiple sections: Date/Time, Reference Entry, Documentation Check List, PRELIMINARY ADVICE, FINALIZATION, FINAL SETTLEMENT, and FINAL PAYMENT. Includes fields for dates, costs, liability percentages, and various forms.