

15/5/2010

INS. CASE OWNER:

CC6 / AIG18002910 / UKS3

LKK:

IDAC:

## ASSIGNMENT

Surveyor:

Marcus

DOI:

13/02/13

Date / Time :

13/02/13

Registered in Merimen:

13/02/13

Pre-assign / CCU / FTE



Insured Vehicle No. : GRE 5438M

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II : \$

D.O.A : 21/02/13

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

GY 8464C

INSRS:  
WSP: Li's brother  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/Time                                                                                                                                                | STAGE                                    | DATE / PIC                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------|
| GY 8464C - NB/MCG 1702/1101/Y DOI: 07/10/17                                                                                                              | Non-Reporting ltr (1st):                 |                                                              |
| GRE 5438M - X                                                                                                                                            | Non-Reporting ltr (2nd):                 |                                                              |
|                                                                                                                                                          | Non-Reporting ltr (Final):               |                                                              |
|                                                                                                                                                          | Notification ltr (if non-pickup):        |                                                              |
|                                                                                                                                                          | Call OI:                                 |                                                              |
|                                                                                                                                                          | After call ltr to OI:                    |                                                              |
|                                                                                                                                                          | Documentation Check List: Handler Typist |                                                              |
|                                                                                                                                                          | Notification ltr (if non-pickup)         |                                                              |
|                                                                                                                                                          | After call ltr to OI:                    |                                                              |
|                                                                                                                                                          | Authorisation To Act:                    |                                                              |
|                                                                                                                                                          | Release Voucher:                         |                                                              |
|                                                                                                                                                          | Final Repair Bill:                       |                                                              |
|                                                                                                                                                          | Car Rental Invoice:                      |                                                              |
|                                                                                                                                                          | Towing Invoice:                          |                                                              |
|                                                                                                                                                          | LTA / GIA :                              |                                                              |
|                                                                                                                                                          | Medical Bill:                            |                                                              |
|                                                                                                                                                          | PIR:                                     |                                                              |
|                                                                                                                                                          | Mandate/Reject Instruction:              |                                                              |
|                                                                                                                                                          | LOD                                      |                                                              |
|                                                                                                                                                          | Payment Breakdown Form:                  |                                                              |
| PRELIMINARY ADVICE Date/Time:                                                                                                                            | Post-Repair Photos:                      |                                                              |
| Sent By:                                                                                                                                                 | Others:                                  |                                                              |
| FINALIZATION Date/Time:                                                                                                                                  | Confirm with:                            | Confirm by:                                                  |
| Repair Cost: \$                                                                                                                                          | ( days) Reduction: %                     | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| FINAL SETTLEMENT Date/Time:                                                                                                                              | Confirm with:                            | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| Final Liability: %                                                                                                                                       | (Agreed / Assessed) BOLA S/N No. :       | If NO or B 28, Ass. Lia :                                    |
| Repair Cost: \$                                                                                                                                          |                                          |                                                              |
| Loss of Rental (LOR): \$                                                                                                                                 | ( days)                                  |                                                              |
| Loss of Use (LOU): \$                                                                                                                                    | (\$ x days)                              |                                                              |
| Loss of Income (LOI): \$                                                                                                                                 | (\$ x days)                              |                                                              |
| LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one] |                                          |                                                              |
| GIA/LTA Search \$                                                                                                                                        |                                          |                                                              |
| Medical: \$                                                                                                                                              |                                          | 1) Claim status: Normal/Reject/Private Settle                |
| Disbursement: \$                                                                                                                                         | (e.g. Tow/Independent )                  | 2) Report Format:                                            |
| Legal Cost \$                                                                                                                                            |                                          | 3) Survey fee:                                               |
| Total: \$                                                                                                                                                | Global Sum \$:                           |                                                              |
| FINAL PAYMENT Date/Time:                                                                                                                                 | Confirm with:                            | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| Payee 1: \$                                                                                                                                              | Name 1:                                  |                                                              |
| Payee 2: (Strike if N.A.) \$                                                                                                                             | Name 2:                                  |                                                              |
| Payee 3: (Strike if N.A.) \$                                                                                                                             | Name 3:                                  |                                                              |



## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 3585C

### Vehicle Details

Vehicle No.: GY8464C

Vehicle to be Exported: No

Intended De-registration Date: 12 Feb 2018

Vehicle Make: TOYOTA

Vehicle Model: HIACE MANUAL

Primary Colour: White

Manufacturing Year: 2005

Engine No.: 2KD1341081

Chassis No.: JTFHS02P700025752

Maximum Power Output: -

Open Market Value: \$23,804.00

Original Registration Date: 30 Aug 2005

First Registration Date: 30 Aug 2005

Transfer Count: 0

Actual ARF Paid: \$1,191.00

### Intended PARF Rebate Details

PARF Eligibility: No

PARF Eligibility Expiry Date: -

|                                    |                         |
|------------------------------------|-------------------------|
| PARF Rebate Amount:                | \$0.00                  |
| <b>Intended COE Rebate Details</b> |                         |
| COE Expiry Date:                   | 29 Aug 2020             |
| COE Category:                      | C - Goods Vehicle & Bus |
| COE Period(Years):                 | 5                       |
| PQP Paid:                          | \$25,292.00             |
| COE Rebate Amount:                 | \$12,877.00             |
| <b>Total Rebate Amount:</b>        | <b>\$12,877.00</b>      |

**Message**

Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.

The information contained herein is correct as at 12 Feb 2018

OK

## Enquire PARF/COE Rebate for Registered Vehicle

## Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 3585C

## Vehicle Details

Vehicle No.: GY8464C

Vehicle to be Exported: No

Intended De-registration  
Date: 14 Feb 2018

Vehicle Make: TOYOTA

Vehicle Model: HIACE MANUAL

Primary Colour: White

Manufacturing Year: 2005

Engine No.: 2KD1341081

Chassis No.: JTFH502P700025752

Maximum Power Output: -

Open Market Value: \$23,804.00

Original Registration Date: 30 Aug 2005

First Registration Date: 30 Aug 2005

Transfer Count: 0

Actual ARF Paid: \$1,191.00

## Intended PARF Rebate Details

PARF Eligibility: No

PARF Eligibility Expiry  
Date: -

PARF Rebate Amount: \$0.00

## Intended COE Rebate Details

COE Expiry Date: 29 Aug 2020

COE Category: C - Goods Vehicle &amp; Bus

COE Period(Years): 5

PQP Paid: \$25,292.00

COE Rebate Amount: \$12,849.00

Total Rebate Amount: \$12,849.00

## Message

Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.

The information contained herein is correct as at 14 Feb 2018

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Toyota Hiace (COE till 09/2020)

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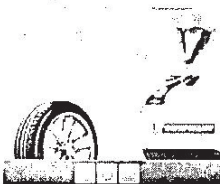
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Car Details

**Price** Share **\$28,800**

**Depreciation** Email **\$11,270 /yr**

**Reg Date** **05-Sep-2005**  
(2yrs 6mths 21days COE left)

**Lifespan** 04-Sep-2025**Manufactured** 2005**Mileage** -**Transmission** Auto**Engine Cap** 2,494 cc**Curb Weight** 1,740 kg**Fuel type** Diesel**Features** -**Accessories** -**Description** Auto Big Van, Well Maintained, Cheapest In Town. Call Us Now!**COE** \$24,768**OMV** \$25,321**ARF** \$1,267**Dereg Value** \$12,662 as of today (change)**No. of Owners** 1**Type of Veh** van**Category** COE Cat., Premium Ad Car**Availability** Available

Add to Shortlist

Add to Compare

Add a Note

Get the latest updates on this car by subscribing to our newsletter.

Please enter your email address to receive updates on this car.

Upfront Payment

View Financial Info

|                              |                               |                  |
|------------------------------|-------------------------------|------------------|
| <b>Transfer Fee</b>          | \$25                          |                  |
| <b>Down Payment</b>          | \$2,880 (change)              | Maximum 90% Loan |
| <b>1st Instalment</b>        | \$961                         |                  |
| <b>Total Upfront Payment</b> | \$3,866 (excluding insurance) |                  |

Estimates based on 90% loan at 4.5% interest rate. Check with seller for exact figure.

Items for Toyota Hiace

View All

Fog Light  
\$168Door Kicker  
\$100

Company profile New Cars Used Cars



Location Map

Seller Information

|                          |                                     |          |
|--------------------------|-------------------------------------|----------|
| <b>Company</b>           | ABWIN Bus Pte Ltd                   |          |
|                          | * dealer's price list               |          |
|                          | * 91 vehs sold   226 vehs available |          |
| <b>Address</b>           | 172 Sin Ming Drive                  |          |
|                          | Search cars nearby this location    |          |
| <b>Office No</b>         | 69339404                            |          |
| <b>Contact Person(s)</b> | Jia He                              | 83216509 |
|                          | Nicholas                            | 96793310 |
|                          | Eugene Ng                           | 93270298 |