INS. CASE OWNER	EC CC4, ASM 180	[0876]	Milita I	AC: STUYS	
Surveyor:	APPLAN DOI: ASSIGN	MENT 6-18	Date / Time: [\langle Ob rol8		
			Registered in Merimen		
Pre-assign / CCU	CICIA22T		001	mov/6x	
Insured Vehicle No	303 (75)	Claim No.	:	III V PO	
Name of Insured		Policy No.		U	
	110				
Insured Tel No.	:HP:	Make / Model			
Excess Sec II :S\$	D.O.A: 8 6/(8	Place of Accide	ent:		
Is driver the owner	(YES / NO) Nature of Accident :				
If NO, Driver Nam	ne / Age :	OI GIA REPOI	RT: YES / NO ; TP GIA	A REPORT: YES / NO	
Driver Tel 1	No.; (V/L: YES / NO)	Insured Liabilit	Insured Liability: % Final? Yes / No		
ST 1633	3J 643674X	SIMS	68 R		
INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:	
Date/ Time					
	642124 X- X; CUS 19337	/ Y	STAGE	DATE / PIC	
	01 1901 1 10 10 307 1957 1		Non-Reporting ltr (1st): Non-Reporting ltr (2nd):		
			Non-Reporting ltr (Final)):	
			Notification ltr (if non-pi		
			Call OI:		
			After call ltr to OI:	The The Dec Treets	
	1		Documentation Check		
			Notification ltr (if non-pi After call ltr to OI:	ckup)	
			Authorisation To Act:		
			Release Voucher:		
			Final Repair Bill:		
			Car Rental Invoice:		
			Towing Invoice		
			LTA / GIA :		
			Medical Bill:		
			PIR:		
			Mandate/Reject Instruc	ction:	
			LOD		
RELIMINARY ADVICE	Data/Tima:		Payment Breakdown F	orm:	
RELIMINARI ADVICE	Date/Time: Sent By:		Post-Repair Photos: Others:		
INALIZATION	Date/Time: Confirm with:		Confirm by:		
epair Cost:	S\$ (days) Reduction:	%	Em	ail Call	
INAL SETTLEMENT	Date/Time: Confirm with		Email Call		
nal Liability:	% (Agreed / Assessed) BOLA S/N No.;		If NO or B 28, Ass. Lia	a :	
epair Cost:	S\$				
oss of Rental (LOR):	S\$ (days)				
oss of Use (LOU):	S\$ (\$ x days)				
oss of Income (LOI):	S\$ (\$ x days)				
OR only LOU only	LOR + LOU LOR + LOI Tick only on	ej			
IA/LTA Search	S\$		1) Claim status Na	al/Pajact/Privata Cattle	
fedical: pisbursement:	S\$ S\$ (e.g. Tow/ Independent)		Claim status: Normal/Reject/Private Settle Report Format:		
egal Cost	S\$ (e.g. Tow/ independer)	3) Survey fee:		
otal:	S\$ Global Sum SS:				
INAL PAYMENT	Date/Time: Confirm with:		Email Call		
ayee 1:	S\$ Name 1:				
ayee 2: (Strike if N.A.)	S\$ Name 2:				
ayee 3: (Strike if N.A.)	S\$ Name 3:				

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ASS. REC. BY: Adrian Ling ASSIGNMENT 643674X Yr Regn: 2005 March. Veh No: Date From: Type: M.Car / M.Cycle / Bus (Van) Lorry / Taxi / Prime Mover / Estimated Cost: Truck / Trailer or OD / TP / WS / TP RES / OD RES / EVA / INV / MV c.c 2494 Toyota Hiace Make: To Inspect Vehicle No: Insured / Std / NI / NA Colour at Workshop m/s T/Radio: Insured / Std / NI / NA Sp.Reading of Eng/No: Insured: JTFHS027900012677 C/No: Policy No. Gen. Cond Good / Fair / Poor / Burnt Claims No. Steering: Inorder, I Jammed I Leaked I Burnt or Excess: Sum Insured: brorder / Jammed / Leaked / Burnt or Brake: (Client's Record) Nil / S/Rim / STD A/Rim or Modi: Make of Veh: 195 R15C Tyre Size: 185 RISC (Policy Condition) BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / N/S O/S Remark: The veh had commenced its repair at the time of inspection. TOYO / XOKO of Rear Bal, or Market Value: Front R/Bal. R/Bal. mm Consistent?: Yes or No mm IDAC Accident Rport: L/Bal. L/Bal. Consistent?: Yes or No mm GIA / PR Seen: D.O.I. 13/06/18 D.O.A. Res.: Yes or No Est. Repairs: days 3 Val.: Yes or No Survey held at Lum Sum: Des. of Damages : Frt / Rean'/ O/S / N/S / U/C / Rooftop or CA / REV / REP. / 24 HRS Vehicle: IN / OUT Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date: Action / Instruction Date / Time COE Expiry: 17/03/20 TPAXA. mV: 1812 PV: 9-612 Date/Time, File Pass to? : Preli. Report Days Of Repair: Survey Fee: : Final Report Resurvey No. of Trip: Date/Time, File Return to? Transportation: Add Fee: S+RS.__SI Site Insp (\$ Interview (\$ Photos Tech. Invs (\$ Report Format: Others Lump Sum / I.B.I: (\$ Weekend (\$

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company	
Owner ID:	5701W	
Vehicle Details		a brokerte
Vehicle No.:	GY3674X	
Vehicle to be Exported:	Yes	
ntended De-registration Date:	13 Jun 2018	
Vehicle Make:	TOYOTA	
Vehicle Model:	HIACE AUTO	
Primary Colour:	White	
Manufacturing Year:	2005	
Engine No.:	2KD1242256	
Chassis No.:	JTFHS02P900012677	
Maximum Power Output:		
Open Market Value:	\$25,321.00	
Original Registration Date:	18 Mar 2005	
First Registration Date:	18 Mar 2005	
Transfer Count:	1	
Actual ARF Paid:	\$1,267.00	
ntended PARF Repate Details		STATE OF THE STATE
PARF Eligibility:	No	
PARF Eligibility Expiry Date:		
PARF Rebate Amount:	\$0.00	
ntended COE Rebate Details		300
COE Expiry Date:	17 Mar 2020	
COE Category:	C - Goods Vehicle & Bus	
COE Period(Years):	5	
PQP Paid:	\$27,286.00	
COE Rebate Amount:	\$9,608.00	
otal Rebate Amount:	\$9,608.00	
Message	le can only be for a 5-year period, subject to the statutory lifespan (if applicable	E-Horal One

The information contained herein is correct as at 13 Jun 2018

Toyota Hiace Commuter (COE till 04/2022)

\$8,560 /vr

11-Apr-2007

2,982 cc

PREMIUM AD

Fuel Type: Diesel

As Good As Brand New. Powerful Engine. No Need Anymore Repair, Talk To Our Sales Person For More Info.

KSL Automotive Pte Ltd

Posted: 12-Jun-2018 Tags: 2007 Toyota Hiace, Toyota Hiace, Toyota, Hiace, Used Toyota