

INS. CASE OWNER:

CC 6, AG 1900 5016, Uja3

LKK:

IDAC:

Surveyor:

MAPPUS

DOI:

ASSIGNMENT

19/3/19

Date / Time :

20/3/19

Registered in Merimen:

20/3/19

Pre-assign / CCU / FTE

SLQ 7119P



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A: 9/3/2019

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

688872R



INSRS:

WSP:

Tel :

Liability :

RMKS:

WSP



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

688872R *

SLQ 7119P - C63 (WSP 170 22663 / 1/1/19) ; WSP 20/1/19

STAGE

DATE / PIC

Non-Reporting ltr (1st):

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:

Sent By:

Post-Repair Photos:

Others:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

(

days)

Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

(Agreed / Assessed) BOLA S/N No. :

If NO or B 28, Ass. Lia :

Repair Cost:

S\$

Loss of Rental (LOR):

S\$

(

days)

Loss of Use (LOU):

S\$

(\$

x

days)

Loss of Income (LOI):

S\$

(\$

x

days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

S\$

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

Name 1:

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

(08/11/13) wef

REF:

ASS. REC. BY: Marcus**ASSIGNMENT**

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: GB3872Rat Workshop m/s 114'SB0

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: GB3872R Yr Regn: 71 08

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or CarMake: Toyota hiace c.c. 298Colour: white A/C: Insured / Std / NI / NASp. Reading: 406280 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFHT02PS00023009Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195-215

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or AustoneFront: 6 mm Rear: 6 mmR/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 9/3/19 D.O.I. 19/3/19

Survey held at _____

Des. of Damages: Fr / Rear / O/S / N/S / U/C / Rooftop orO/S Rear

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1) Date/Time, File Return to?

☐ : Final Report

Resurvey No. of Trip: _____

2) _____

Add Fee: ☐ : Site Insp (\$ _____) ☐ : S + RS. SI☐ : Interview (\$ _____) ☐ : Photos☐ : Tech. Invs (\$ _____) ☐ : Others☐ : Weekend (\$ _____) ☐ : TOTAL

Report Format :

Lump Sum / I.B.I: (\$ _____)

Survey Fee:

Transportation:

TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	1196N
Vehicle Details	
Vehicle No.:	GBB872R
Vehicle to be Exported:	No
Intended Deregistration Date:	18 Mar 2019
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE MANUAL
Primary Colour:	White
Manufacturing Year:	2008
Engine No.:	1KD1813104
Chassis No.:	JTFHT02P500023009
Maximum Power Output:	-
Open Market Value:	\$24,647.00
Original Registration Date:	21 Jul 2008
First Registration Date:	21 Jul 2008
Transfer Count:	1
Actual ARF Paid:	\$1,233.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	20 Jul 2023
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$16,100.00
COE Rebate Amount:	\$13,970.00
Total Rebate Amount:	\$13,970.00

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 18 Mar 2019

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Depreciation

> 10 year

Vehicle Type

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Toyota Hiace (COE till 07/2023)

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Price	\$29,800	Lifespan	07-Jul-2028
Depreciation	\$6,930 /yr	Reg Date	08-Jul-2008 (4yrs 3mths 17days COE left)
Mileage	N.A.	Manufactured	2008
Road Tax	N.A.	Transmission	Manual
Dereg Value	\$13,850 as of today (change)	OMV	\$32,461
COE	\$16,100	ARF	\$1,624
Engine Cap	2,982 cc	No. of Owners	4
Curb Weight	1,760 kg		
Type of Vehicle	Van		

Features
View specs of the Toyota Hiace

Description
Powerful Euro 4 Diesel Turbo Engine. Low Mileage Done, New Paint Work, Engine Gearbox Condition Tip Top. Nice And Clean Interior. Loan Available, Trade In Welcome. See To Believe. Call Us Now To Arrange Door Step View.

Category
COE Car

Status
Available

Resources



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Seller Information

Company	Net Link Partners Pte Ltd	
	» dealer's pricelist	
	» 88 vehs sold 104 vehs available	
Address	71 Woodlands Industrial Park E9 #07-01, #08-08	
	Search cars nearby this location	
Location	Wave9	
Office No	67531661	
Contact Person (s)	Teo	92967266
	Peter	84898866
	Jeremy	83215291
	Ken	82227114

Posted on: 18-Mar-2019 | Last Updated on: 18-Mar-2019

Compare