Surveyor:

INS. CASE OWNER: KAREN TAN

CC6/FCI20001711/Uha3

LKK:		
IDAC:		

CASE OW	NEK.	ASSIGN	
wyor:	MARCUS)1/202

MENT DOI: 30/01/2020

30/01/2020 Date / Time: Registered in Merimen:

vlaw	,	CCUI	F	TE
Pre-assign	1	CCUI		

Insured Vehicle No. Name of Insured

Insured Tel No.

SHB 3706Y

COMFORT TRANSPORTATION PTE LTD

HP: D.O.A: 30/01/2020 01:45

Excess Sec II:S\$ Nature of Accident: (YES / NO) Is driver the owner?

OI GIA REPORT: FE / NO ; TP GIA REPORT: FE / NO

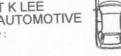
If NO, Driver Name / Age:

Final? Yes/No Insured Liability: (V/L: YES / NO) Driver Tel No.:

PC 2261U



INSRS: WSP: T K LEE Tel: AUTOMOTIVE Liability:





INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:

Claim No.

Policy No.

Make / Model

Place of Accident:



INSRS: WSP: Tel: Liability: RMKS:

UPPER CROSS ST > HAVELOCK ROAD

Date/ Time		STAGE DATE/PIC
	PC 2261U - CC4/ASM18008289/T1pb3q2; DOA: 20.04.18 SHB 3706Y - CS/FCI18022399/Usd3n2; DOA: 12.12.18	Non-Reporting ltr (1st):
	SHB 3706Y - CS/FCI18022399/Usd3n2; DOA: 12.12.18	Non-Reporting ltr (2nd):
	OTTO C. C.	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:
RELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:
RELIVINARI ADVICA	, D	Others:
THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS O	Date/Time: Confirm with:	Confirm by: Email Call
INALIZATION	S\$ (days) Reduction: %	
Repair Cost:	Date/Time: Confirm with	Email Call
FINAL SETTLEMENT	Date Time.	If NO or B 28, Ass. Lia:
Final Liability:	70	
Repair Cost:	S\$ (days)	
oss of Rental (LOR):	5.0	
Loss of Use (LOU):	S\$ (\$ x days) S\$ (\$ x days)	
Loss of Income (LOI):	Tick only one	
LOR only LOU on	ly	and an income Sattle
GIA/LTA Search	S\$	1) Claim status: Normal/Reject/Private Settle
Medical:	S\$ (e.g. Tow/ Independent)	2) Report Format:
Disbursement:	33	3) Survey fee:
Legal Cost	S\$ Global Sum S\$:	
Total:	Confirm with	Email Call
FINAL PAYMENT	Date Time.	
	S\$ Name 1:	
Payee 1:		
Payee 1: Payee 2: (Strike if N.A.)	S\$ Name 2: S\$ Name 3:	

(08/11/13) wef REF:	401/
ASSI REC. BY: Marcus	GNMENT
From: Date: Estimated Cost: OD TP WS / TP RES / OD RES / EVA / INV / MV	Veh No: PCZG/W Yr Regn: // / Type: M.Car / M.Cycle/Bust Van / Lorry / Taxi / Prime Mover /
To Inspect Vehicle No: at Workshop m/s of	Make: Toyofa Lique Commeter 2982 Colour ALG A/C: Insured / Std / NI / NA Sp.Reading 5/0939 T/Radio: Insured / Std / NI / NA
Insured: Policy No. Claims No. Sum Insured: Excess: (Client's Record) Make of Veh:	Eng/No: C/No: JTFST2200018691 Gen. Cond: Good / Fair / Poor / Burnt Steering: Lander / Jammed / Leaked / Burnt or Brake: Inorder / Jammed / Leaked / Burnt or Modi: Nil / S/Rim / STD A/Rim or Tyre Size: F: / S1-7/1
(Policy Condition) Remark: The veh had commenced its repair at the time of inspection.	R: BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO YOKO or
Bal. or Market Value: IDAC Accident Rport: GIA / PR Seen: Est. Repairs: Consistent?: Yes or No Consistent?: Yes or No 4 days Res.: Yes or No Lum Sum: 3 / 4 .	Front Rear R/Bal. mm L/Bal. mm L/Bal. mm D.O.A. 30/1/20 Survey held at D.O.I.
CA / REV / REP. / 24 HRS Vehicle: IN / OU Date: Person Contacted:	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction 31/1/20 H/S # 2150 confind N	·la AH he;
,,	
Date/Time, File Pass to? : Preli. Report 1) : Final Report Date/Time, File Return to?	Days Of Repair: Resurvey No. of Trip: Survey Fee: Transportation:
Report Format :	Fee: : Site Insp (\$)S+RS,SI : Interview (\$) Photos : Tech. Invs (\$) Others : Weekend (\$)
Lump Sum / I.B.I: (\$	TOTAL

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CNY Offer Price Reduced! Free 1 Year Engine N Gearbox Warranty Coverage AutoPrestige Gallery StarAd



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3 vehicles

Hiace Commuter

Toyota Hiace Commuter 3.0A

Make

Model

Price

Depreciation

Reg Date

Eng Cap

Mileage

Any

Advanced Search

Veh Type

No.

Search Selection

Hiace Commuter

Anv

\$47,800

Any \$10,920 /yr

16-Jun-2014

2014

Απν 2,982 cc

Bus

Any

¥ .

High Roof

Most Sought Commuter In The Market. 13+1 Seater. Nicely Done Up Interior Roof Lining Combination Of Red And Black. Flexible In House And Bank Loan 100% Available. Trade In Welcome. Faster Call Us Now Before Its Gone.

ABWIN Bus Pte Ltd

Tags: 2014 Toyota Hiace, 2014 toyota hiace, Toyota Hiace, toyota hiace, Toyota, Hiace, hiace, Used Toyota Posted: 17-Jan-2020



Toyota Hiace Commuter 3.0A **High Roof**

\$45,800

\$11,140 /yr

12-Mar-2014

2,982 cc

Bus

Well Taken Care Toyota High Roof. Service Every 8000km, Good To Go Till End Of COE. Only 1 Owner. We Provide Flexible In House And Bank Loan Up To 100%. High Trade In For Your Used Vehicle. Private Bus And Pte Hire Welcome. Call Us Now To Find Out More.

ABWIN Bus Pte Ltd

Posted: 09-Jan-2020 Tags: 2014 Toyota Hiace, 2014 toyota hiace, Toyota Hiace, toyota hiace, Toyota, Hiace, hiace, Used Toyota



Toyota Hiace Commuter 3.0A

\$43,800

\$10,050 /yr

09-Jun-2014

2,982 cc

Bus

Fuel Type: Diesel

Please Call To Arrange For Viewing, Thank You!

Posted: 09-Dec-2019 Tags: 2014 Toyota Hiace, 2014 toyota hiace, Toyota Hiace, toyota hiace, Toyota, Hiace, hiace, Used Toyota

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Model

Price

Depreciation

Reg Date

Eng Cap

Mileage

Veh Type

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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID: Vehicle Details	057N
Vehicle No.:	PC2261U
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Jan 2020
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE HIGH ROOF COMMUTER TURBO AUTO
Primary Colour:	White
Manufacturing Year:	2013
Engine No.:	1KD2361114
Chassis No.:	JTFST22P200018691
Maximum Power Output:	
Open Market Value:	\$38,054.00
Original Registration Date:	13 Jan 2014
First Registration Date:	13 Jan 2014
Transfer Count:	1
Actual ARF Paid: Intended PARF Rebate Details	\$1,903.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount: Intended COE Rebate Details	\$0.00
COE Expiry Date:	12 Jan 2024
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$55,002.00
COE Rebate Amount:	\$21,719.00
Total Rebate Amount:	\$21,719.00

The information contained herein is correct as at 31 Jan 2020

ОК