

INS. CASE OWNER:

KAREN TAN

CC6/FCI20001711/Uha3

LKK:

IDAC:

## ASSIGNMENT

Surveyor:

MARCUS

DOI: 30/01/2020

Date / Time : 30/01/2020

Registered in Merimen:

## Pre-assign / CCU / FTE



Insured Vehicle No. : SHB 3706Y  
 Name of Insured : COMFORT TRANSPORTATION PTE LTD  
 Insured Tel No. : HP: \_\_\_\_\_  
 D.O.A : 30/01/2020 01:45

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

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

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

Place of Accident : UPPER CROSS ST &gt; HAVELOCK ROAD

Excess Sec II : \$\$

Is driver the owner? ( YES / ☒ NO )

Nature of Accident :

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

PC 2261U



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



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:

Date/ Time	STAGE	DATE / PIC
PC 2261U - CC4/ASM18008289/T1pb3q2; DOA: 20.04.18	Non-Reporting ltr (1st):	
SHB 3706Y - CS/FCI18022399/Usd3n2; DOA: 12.12.18	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)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____		
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Repair Cost: S\$ _____	( _____ days) Reduction: _____ %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: _____ Confirm with: _____ If NO or B 28, Ass. Lia : _____		
Final Liability: %	(Agreed / Assessed) BOLA S/N No. :	
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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search S\$ _____		1) Claim status: Normal/Reject/Private Settle
Medical: S\$ _____		2) Report Format: _____
Disbursement: S\$ _____	(e.g. Tow/ Independent)	3) Survey fee: _____
Legal Cost S\$ _____		
Total: S\$ _____	Global Sum S\$: _____	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL PAYMENT Date/Time: _____ Confirm with: _____		
Payee 1: S\$ _____	Name 1: _____	
Payee 2: (Strike if N.A.) S\$ _____	Name 2: _____	
Payee 3: (Strike if N.A.) S\$ _____	Name 3: _____	





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Year Engine N Gearbox  
Warranty Coverage.  
AutoPrestige Gallery StarAd



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Sort by Date Posted

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3 vehicles

Hiace Commuter

Search Selection

Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type
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Hiace Commuter

Any

Any

2014

Any

Any

Any



**Toyota Hiace Commuter 3.0A  
High Roof**

**Fuel Type:** Diesel

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

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



**Toyota Hiace Commuter 3.0A  
High Roof**

**Fuel Type:** Diesel

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**

**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

Save this search criteria, to get email alerts whenever a match is found.

Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type
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## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	057N
<b>Vehicle Details</b>	
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:	\$1,903.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
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
<b>Total Rebate Amount:</b>	<b>\$21,719.00</b>

The information contained herein is correct as at 31 Jan 2020

OK