

ASS. REC. BY:

REF:

CS/FC117015123/T11602

Special Instruction:

Survivor:

ASSIGNMENT (Office)

From (Person):

Wume

of

KEI

Date/Time:

04/8/17

Estimated Cost:

Bill to:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No:

GBB 5997G

Insured:

SHA 97994

at Workshop m/s

Sng Ah Tee

Tel:

62686183

of

B1K 3 Pioneer Rd North #01-18

Policy No:

Claim No:

D170075696F561

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

23/5/17

CA / REV / REP. / REV 24 HRS

Wp1 7/8/2017

H.O.D. Endorsement:

Date/Time:

Person Contacted:

Vehicle IN / OUT

Date/Time

Action/Instruction ( ) Estimate

GBB 5997G x

SHA 97994 x

7/8/17

Vehicle not in for repair.

Submit poli report

ASS. REQ BY: Tayfikh

Ref:

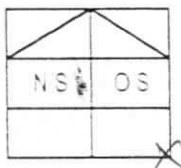
PC1

### ASSIGNMENT

From \_\_\_\_\_ Date \_\_\_\_\_  
Estimated Cost \_\_\_\_\_  
OD (TP) WS / TP RES / OD RES / EVA / INV / MV  
To Inspect Vehicle No \_\_\_\_\_  
at Workshop no \_\_\_\_\_  
of \_\_\_\_\_  
Insured \_\_\_\_\_  
Policy No \_\_\_\_\_  
Claims No \_\_\_\_\_  
Sum Insured \_\_\_\_\_ Excess \_\_\_\_\_  
Client's Record \_\_\_\_\_  
Make of Van \_\_\_\_\_

Van No GRB 5997G Vn Reg Wag Tly  
Type M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
Truck / Trailer or Pick-up  
Make Mitsubishi Pick-up cc 2477  
Colour White A/C Insured / Std / Nil / NA  
Se Reading 115776 T Radio Insured / Std / Nil / NA  
Eng No \_\_\_\_\_  
O No MMCNKR 409 D006417  
Gen Cond Good / Fair / Poor / Burnt  
Steering In order / Jammed / Leaked / Burnt or  
Brake In order / Jammed / Leaked / Burnt or  
Mod Nil / S/Rim / STD A/Rim or  
Tyre Size F: 205/80R16  
R: \_\_\_\_\_

(Policy Condition)  
Remark: The veh had commenced its  
repair at the time of inspection.



BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM /  
TOYO / YOKO

Front \_\_\_\_\_ Rear \_\_\_\_\_  
R.Bal. 4 mm R.Bal. 6 mm  
L.Bal. 0 mm L.Bal. 6 mm  
D.O.A \_\_\_\_\_ D.O.I 7/8/17 R 1730  
Survey held at Sg Mh Tee  
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
Rear o/s  
The U/C / Chassis frame / Body Structure affected due to collision

CA / REV / REP. / 24 HRS

Date \_\_\_\_\_ Person Contacted \_\_\_\_\_

Vehicle IN / OUT

Date Time Action Instruction

Date/Time File Pass to:

typed

Date/Time File Return to:

2

Report Format :

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

☒

: Preli. Report

☐

: Final Report

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee

Transportation

(\$ - RS - \$

Photos

Others

TOTAL

90

50

12

152



# LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

FIRST CAPITAL INSURANCE LTD

Ref : CS/FCI17015123/b

36 ROBINSON ROAD  
#16-01 CITY HOUSESINGAPORE 068877

Date : 04-08-2017



Code : FCI2

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHA 9799U	Veh. Inspected	GBB 5997G
Policy No.		Coverage (\$)	0.00
Claim No.	D17007569MFSH	Excess (\$)	0.00
Assign From	LUTRNE	Assign Date	04/08/2017

## 2. Vehicle Particulars & Condition

Make & Model	c.c	0
Engine No.	HIDDEN	Year of Reg.
Chassis No.		Colour
Odometer	-	Steering
Brakes		Modification
General		

## 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

## 4. Description of Damages

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## 5. General Information

Accident Date	23/05/2017	Inspection Date	04/08/2017
Survey held at	SNG AH TEE MOTOR & PANEL SERVICE PTE LTD BLK 3, PIONEER ROAD NORTH, #01-18 SINGAPORE 628457.		

## 5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
--

# First Capital Insurance Limited

A FAIRFAX Company

Company Reg. No. 195000106C  
GST Reg. No. M2-0001676-9

## MOTOR SURVEY ASSIGNMENT

Date	03-08-2017	Our Ref No.	D17007569MFSH
Accident Date	23-05-2017	Claim Type.	Third Party
Insured Vehicle	SHA9799U	Third Party Vehicle.	GBB5997G
Survey Location	BLK 3 PIONEER ROAD NORTH #01-18		
Contact Person.	SAMANTHA TAN		
Contact No.	62686183/ 0	Fax No.	62681429
Survey Type	WITHOUT PREJUDICE: ACCIDENT NOT REPORTED:		
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD		
Contact Person	NA	Fax No.	68416315
Contact Number.	NA		

## FOR DIRECT SETTLEMENT

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

### THIRD PARTY SURVEY REQUEST

Cc : Workshop	SNG AH TEE MOTOR & PANEL SERVICE PTE LTD	Attention.	NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No.	NA
Officer Incharge	LURENE		

*Veh. Out.*

## IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.  
This is a computer generated letter, no signature required.

Job Sheet (/ClaimWS/Surveyor/JobSheet/226520)



PRI Documents



Close



## PRI Header Details

<b>Claim No</b>	D17007569MFSH	<b>Policy No</b>	D-15072702MFSH	<b>Claimant S.No &amp; Name</b>	1 & SNG AH T SERVICE PTE
<b>Workshop Name</b>	SNG AH TEE MOTOR & PANEL SERVICE PTE LTD (Contact Person : SAMANTHA TAN)	<b>Survey Location &amp; Contact Details</b>	BLK 3 PIONEER ROAD NORTH #01-18 <b>Mobile:</b> 0 , <b>Phone:</b> 62686183 , <b>Fax:</b> 62681429 <b>EmailId:</b> SAM@SNGAHTEE.COM		
<b>Our Surveyor</b>	LKK AUTO CONSULTANTS PTE LTD	<b>Instructions To Surveyor</b>	WITHOUT PREJUDICE: ACCIDENT NOT REPORTED:		
<b>Insured Name</b>	CITYCAB PTE LTD	<b>Insured Vehicle No</b>	SHA9799U	<b>TP Vehicle No</b>	GBB5997G
<b>PRI Recieved Date</b>	03-08-2017 04:09:47 PM	<b>Surveyor Appointed Date</b>	04-08-2017 11:37:36 AM	<b>Surveyor Accept Date</b>	04-08-2017 0

## Survey Report Upload

<b>Surveyor Inspection Date *:</b>		<b>Surveyor Report Date</b>	04-08-2017	<b>Upload Survey Report *:</b>	<input type="button" value="Choose File"/>
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## Vehicle Particulars

<b>Make</b>	Please Select Make ▼	<b>Model</b>	Please Select Model ▼	<b>Year</b>	Select Year ▼
<b>Chasis No</b>	<input type="text"/>	<b>Engine No</b>	<input type="text"/>	<b>Mileage</b>	<input type="text"/>
<b>Color</b>	<input type="text"/>	<b>Cubic Capacity</b>	<input type="text"/>		

## Multiple Documents Upload

File Name	Action
-----------	--------

## Surveyor Job Remarks

<b>Remarks</b>	<input type="text"/>	<input type="button" value="Save"/>
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Text size + -

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 0079M

### Vehicle Details

Vehicle No.: GBB5997G

Vehicle to be Exported: No

Intended De-registration  
Date: 30 Jun 2017

Vehicle Make: MITSUBISHI

Vehicle Model: L200 DOUBLE CAB 2.5L TURBO 5M/T DIESEL

Primary Colour: White

Manufacturing Year: 2008

Engine No.: 4D56UCBM7136

Chassis No.: MMCJNKB409D006417

Maximum Power Output: -

Open Market Value: \$22,927.00

Original Registration  
Date: 20 Jul 2009

First Registration Date: 20 Jul 2009

Transfer Count: 0

Actual ARF Paid: \$22,927.00

### Intended PARF Rebate Details

PARF Eligibility: No

PARF Eligibility Expiry  
Date: -

PARF Rebate Amount: \$0.00

### Intended COE Rebate Details

COE Expiry Date: 19 Jul 2019

COE Category: C - Goods Vehicle & Bus

COE Period(Years): 10

QP Paid: \$12,615.00

COE Rebate Amount: \$2,587.00

**Total Rebate Amount: \$2,587.00**

The information contained herein is correct as at 02 Jun 2017

OK

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore(GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	24/05/2017 10:19
Date Of Accident	23/05/2017 17:45
Exact Location Of Accident	JALAN BOON LAY TOWARDS JALAN BAHAR
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB5997G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PEC PTE LTD
Co Reg No	198200079M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91452410
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	L200-2.5 D DOUBLE CABIN (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	P1642861
Cover Note Number	

### Driver

Name of Driver	TUN MYINT AUNG
Work Permit No	S7060432I
Date Of Birth	31/01/1970
Occupation	OUTDOOR
Date Of Driving Pass	19/01/2002
Driving Experience	15 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91452410
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	266 BOON LAY DRIVE #07-617
Postcode	640266
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	UNKNOWN - REFER TO SKETCH PLAN
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

ON 23/05/2017 AT AROUND 1745HRS, MY VEHICLE WAS STATIONARY IN MY LANE AS THE TRAFFIC LIGHT WAS RED. SUDDENLY I FEEL AN IMPACT FROM MY REAR AND I WENT DOWN TO SEE THEN AWARE THAT VEHICLE B HAD HIT ONTO MY REAR RIGHT PORTION.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA9799U
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	YEO AH LENG
NRIC/Passport Number	
Contact Number	97562152
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	



## Sketch Plan Pg. 1

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of thereport being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA) I understand, acknowledge, agree and consent that :
  - (a) My insurer , my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
    - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
    - (ii) investigating the accident and/or my claims;
    - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
    - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involvedisclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
    - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
  - (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect,use, disclose and/or process my Personal Information for one or more of the above Purposes; and
  - (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

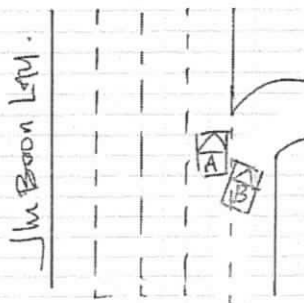


Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

#### Sketch Plan



A - QBB 5997G

B - STA. 9799u.

Sketch Plan Pg. 2

Describe Circumstances of the Accident

Refer to Accident Circumstances

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]*  
24/05/2017

Driver's Signature (If driver is not the policyholder) / Date & Time

<input type="checkbox"/> Claim own policy
<input checked="" type="checkbox"/> Claim third party
<input type="checkbox"/> Claim OD / TP at other workshop
<input type="checkbox"/> For record purpose
Policy No. <u>P1642861</u>
Insurer <u>AXA</u> Veh.No. <u>QBB54179</u>

*[Signature]*  
Witnessed by Reporting Centre Personnel

# 孫亞弟汽車燒焊私人有限公司 SNG AH TEE MOTOR & PANEL SERVICE PTE LTD

Blk 3, Pioneer Road North, #01-18 Singapore 628457

Tel: 6268 6183 (4 Lines) Fax: 6268 1429

Email: sngahtee@singnet.com.sg

Website: www.sngahtee.com

RCB. Reg. / GST Reg. No: 200810440N

EST/QUOTE NO. SQ002910

FIRST CAPITAL INSURANCE LIMITED

MOTOR CLAIMS DEP

36 ROBINSON ROAD #16-01

CITY HOUSE SINGAPORE 068877

ATTENTION :

CONTACT : 6222 2311

FAX NO: 6507 3849

DATE : 20/6/2017  
ACCIDENT DATE : 23/5/2017  
VEHICLE NO : GBB5997G  
CHASSIS/ENG.NO : MMCJNKB409D006417  
VEHICLE MODEL : MIT. L200  
CLAIM NO :  
POLICY NO :  
REMARK : 5997FIRST TP AGST  
SHA9799U

S/N.	QTY	UNIT	DESCRIPTION	PRICE	DISC %	DISC/MARKUP	TOTAL AMT
<b>** LIST PRICE **</b>							
1	1	PC	REAR TAILLAMP RH	205.00	20	164.00	164.00 <i>ant</i>
2	1	PC	REAR REFLECTOR (RH)	27.00	20	21.60	21.60 <i>ant</i>
SUB-TOTAL:							185.60

## **\*\* WORK LABOUR \*\***

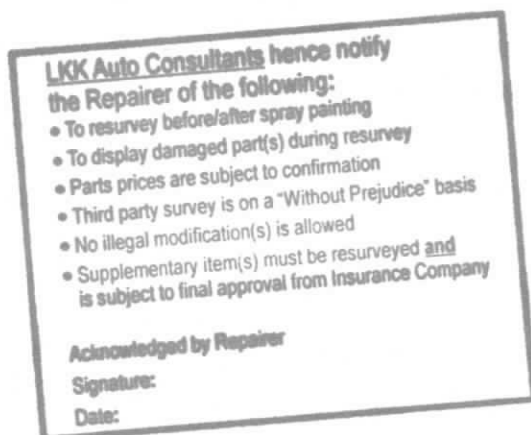
TO KNOCK,WELD,REMOVE & FIX ON ABOVE PARTS

350.00 *250* 350.00

TO PUTTY & SPRAY PAINTING ON AFFECTED AREAS

400.00 *250* 400.00

SUB-TOTAL 750.00



*Tanpin 97495719*  
*-wp*  
*7/8/17 @ 1780.*  
*sur @ lkk auto.com*  
*3 days*  
*#Resurvey new parts*

SAM

PAGE: 1 of 1

SUB-TOTAL : S\$ 935.60

ADD 7% GST. S\$ 65.49

GRAND TOTAL : S\$ 1,001.09

ON BEHALF OF SNG AH TEE PANEL & SERVICE PTE LTD

E & O.E



## LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile				
FIRST CAPITAL INSURANCE LTD			Ref : CS/FCI17015123/T1rbe2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 08-08-2018	
			Code : FCI2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
	Insured Veh.	SHA 9799U	Veh. Inspected	GBB 5997G
	Policy No.	D-15072702MFSH	Coverage (\$)	0.00
	Claim No.	D17007569MFSH	Excess (\$)	0.00
	Assign From	LUTRNE	Assign Date	04/08/2017
<b>2. Vehicle Particulars &amp; Condition</b>				
	Make & Model	MITSUBISHI L200		c.c 2477
	Engine No.	HIDDEN		Year of Reg. 2009
	Chassis No.	MMCJNKB409D006417		Colour WHITE
	Odometer	115776		Steering IN ORDER
	Brakes	IN ORDER		Modification NIL
	General	GOOD		
<b>3. Conditions of Tyres</b>				
		Size	Make	Balance
	R/H Front Tyre	205/80 R16	YOKOHAMA	6 mm
	L/H Front Tyre	205/80 R16	YOKOHAMA	6 mm
	R/H Rear Tyre	205/80 R16	YOKOHAMA	6 mm
	L/H Rear Tyre	205/80 R16	YOKOHAMA	6 mm
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
	Accident Date	23/05/2017		Inspection Date 07/08/2017
	Survey held at	SNG AH TEE MOTOR & PANEL SERVICE PTE LTD BLK 3, PIONEER ROAD NORTH, #01-18 SINGAPORE 628457.		
<b>5a. Remarks</b>				
A)THE VEHICLE HAS NOT SEND IN FOR REPAIRS. B)DAMAGES CONSISTENT TO ACCIDENT REPORT. C)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. D)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
	ESTIMATED NORMAL PERIOD FOR REPAIR:		<b>3 Working Days</b>	



## LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GBB 5997G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	REAR TAILLAMP RH	CUT	205.00	205.00
1	REAR REFLECTOR (RH)	CUT	27.00	27.00
	LESS 20% DISCOUNT		-46.40	-46.40
			185.60	185.60
	<b><u>LABOUR</u></b>			
	TO KNOCK, WELD, REMOVE & FIX ON ABOVE PARTS.		350.00	250.00
	TO PUTTY & SPRAY PAINTING ON AFFECTED AREAS.		400.00	250.00
			750.00	500.00
	<b>GRAND TOTAL</b>		<b>935.60</b>	<b>685.60</b>
	<b>RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE)</b>			<b>685.60</b>

Report Ref No. CS/FCI17015123/T1rbe2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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