RECS/FCI17020417/Rybe2 RUSU ASSIGNMENT (Office) From (Persona FCI 25/10/17 8 11.56am SHB 26117 To Inspect Vehicle No 62725429 Blk 1010 Bkf Merch Lune 3 # 61-105 D17009982MFSH Sum Insured Make of Veh DOA 19 10 2017 (Client's Record) ab. 10.2017 @ 3pm - 5pm CA / REV / REP. / REV 24 HRS 25 10 17 @ 12-06pm Person Controlled Sharon Vehicle IN OUT Date/Time Action/Instruction S1638155-CC3/AIG17020198/K1zg3-D-O.A SHB 2611T- 603/AIG17020198/KIZ93- D.O.A: 19/10/2017

87

Lump Sum (8)



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 Inter	rnationale Des Experts En Auton	nobile	
FIRS	T CAPITAL INSUI	RANCE LTD	Ref : CS/FCI170204	17/R1gb	
	OBINSON ROAD 01 CITY HOUSES	INGAPORE 068877	Date: 25-10-2017 Code: FCI2		
1.		Policy Particu	lars :- THIRD PARTY CLA	IM	
	Insured Veh.	SHB 2611T	Veh. Inspected	SLG 3815S	
	Policy No.		Coverage (\$)	0.00	
	Claim No.	D17009982MFSH	Excess (\$)	0.00	
	Assign From	CWS (SITHARA)	Assign Date	25/10/2017	
2.	of White to deep at	Vehicle F	Particulars & Condition		
	Make & Model		c.c	0	
	Engine No.	HIDDEN	Year of Reg.		
	Chassis No.		Colour Steering Modification		
	Odometer	841			
	Brakes				
	General				
3.		Co	nditions 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.	- Unique success	Desc	ription of Damages		
5.	Halking to Fri		neral Information		
	Accident Date	19/10/2017	Inspection Date		
	Survey held at	CHARN'S CUSTOMCRAF			
		#01-105 SINGAPORE 159724	LANE 3		
5a.		OURSELL ENGINEERING NA	Remarks	gent of the other	
			A"WITHOUT PREJUDICE" BAS NS, WE HAVE NOT AUTHORIS		

First Capital Insurance Limited

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

A FAIRFAX Company

MOTOR SURVEY ASSIGNMENT

Date

24-10-2017

Our Ref No. D17009982MFSH

Accident Date

19-10-2017

Claim Type. Third Party

Insured Vehicle

SHB2611T

Third Party Vehicle. SLG3815S

Survey Location

BLK 1010 BUKIT MERAH LANE 3 #01-105

Contact Person.

SHARON LEE

Contact No.

62725429/0

Fax No. 62736676

Survey Type

WITHOUT PREJUDICE:

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

CHARN'S

CUSTOMCRAFT

Attention. NIL

Cc: TP Solicitor

TP Solicitor Fax No. NA

Officer Incharge

SITHARA

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.

			PRI Header Details		
Claim No	D17009982MFSH	Policy No	D-15072702MFSH	Claimant S.No & Name	1 & CHARN'S
Workshop Name	CHARN'S CUSTOMCRAFT (Contact Person : SHARON LEE)	Survey Location & Contact Details	BLK 1010 BUKIT MERAH LA Mobile: 0 , Phone: 62725 EmailId: CHARNS@SINGN	429 , Fax: 62	2736676
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	CITYCAB PTE LTD	Insured Vehicle No	SHB2611T	TP Vehicle No	SLG3815S
PRI Recieved Date	24-10-2017 08:47:33 PM	Surveyor Appointed Date	25-10-2017 11:55:40 AM	Surveyor Accept Date	25-10-2017
			Survey Report Upload		
Surveyor Inspection Date *:		Surveyor Report Date	25-10-2017	Upload Survey Report *:	Choose File
		,	Vehicle Particulars		
Make	Please Select Make ▼	Model	Please Select Model ▼	Year	Select Year
Chasis No		Engine No		Mileage	
Color		Cubic Capacity			
Multiple Do	cuments Upload				
		Upload Multiple	Documents		
File Name	e			Action	
Surveyor Jo	b Remarks				

Ai Phing (LKKAuto)

From:

Ai Phing (LKKAuto)

Sent:

Friday, 27 October, 2017 4:45 PM

To:

'Claim Workflow System'

Cc:

SITHARA@FIRST-INSURANCE.COM.SG; SUR RE: SURVEY ASSESSMENT - D17009982MFSH/1

Subject: Attachments:

SLG 3815S.pdf

Dear Sithara,

Enclosed herewith preliminary advise of vehicle SLG 3815S.

Best Regards,

Ai Phing | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: sur@lkkauto.com | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #01-25 | S(408933)

From: Admin-D (LKKAuto)

Sent: Wednesday, 25 October, 2017 12:08 PM

To: 'Claim Workflow System' <cwsmotorclaims@first-insurance.com.sg>; assignments <assignments@lkkauto.com>

Cc: SITHARA@FIRST-INSURANCE.COM.SG; SUR <sur@lkkauto.com>

Subject: RE: SURVEY ASSESSMENT - D17009982MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed vehicle not In workshop, repairer will arrange.

Best Regards,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Claim Workflow System [mailto:cwsmotorclaims@first-insurance.com.sg]

Sent: Wednesday, 25 October, 2017 11:56 AM

To: ASSIGNMENTS@LKKAUTO.COM

Cc: CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG; SITHARA@FIRST-INSURANCE.COM.SG

Subject: PRI: SURVEY ASSESSMENT - D17009982MFSH/1

Dear Sir/Mdm,



51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: D17009982MFSH

Date: 27-10-2017

Our Ref: CS/FCI17020417/R1gb

The Motor Claims Department First Capital Insurance Ltd Without Prejudice

Dear Sir/Madam,

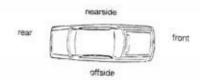
INITIAL INSPECTION REPORT OF VEHICLE NO. SLG 3815S .

Please be informed that we had conducted the inspection of the above mentioned vehicle on <u>26-10-2017</u> at the premises of M/s <u>CHARN'S CUSTOMCRAFT</u> and have the following to report:-

Workshop Estimate Amount	: S\$	2,840.06
Revised Estimate Amount	: S\$	2,095.84
"Check" Items Amount	: S\$	408.42
Market Value	: S\$	-
LTA Reimbursement Value	: S\$	-
Nett Value	: S\$	

Description of Damage:

The vehicle sustained damages at the rear n/s portion.



Yours faithfully

Mohamed Rasul Automotive Assessor

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.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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.

Any false reporting may be referred to the Police for investigation.

- 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.
- 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	20/10/2017 15:26		
Date Of Accident	19/10/2017 17:30		
Exact Location Of Accident	MARINA SOUTH PIER CARPARK		

Country/State of Loss SINGAPORE

	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLG3815S	
Insured/Policyholder		
Name Of Registered Owner	YEO CHING PING	
NRIC No	S9249582E	
Email Address	CHARNS@SINGNET.COM.SG	
Mobile Phone No	(LOCAL) +65-96382623	
Alternative Phone No	OTHERS-96382623	

TAIL C OF OWN VEHICLE

Vehicle Particulars

Manufacturer BMW

Model 325I CONVERTIBLE

Exact Purpose for which vehicle was being used at PRIVATE USE

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 PRIVATE CAR

Insurance Company

Vehicle Category

Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 1700029456

Cover Note Number

Driver

Name of Driver YEO CHING PING

 NRIC No
 S9249582E

 Date Of Birth
 15/10/1992

 Occupation
 INDOOR

 Date Of Driving Pass
 06/08/2011

Driving Experience 6 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96382623

Fax Number

Contact Number OTHERS-96382623

EMail Address CHARNS@SINGNET.COM.SG

Address

BLK 823 JURONG WEST STREET 81

#10-468

Postcode

640823

OWNER

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

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

PLEASE REFER TO SKETCH PLAN

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

SHB2611T

Vehicle Make/Model/Colour

MERCEDES BENZ(TAXI)

Details Of Properties

Name of Driver

CHOO SWEE HWA

NRIC/Passport Number

S1301456F

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

Sketch Plan

SKETCH PLAN

STE 38RS

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
- 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.
- 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
- 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.
- By the lodgment 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.
- 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 insurers) 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
 - 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 involve disclosure 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 (collectively the "Purposes")
- (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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed.
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time 20/10/17 3pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NECTED NO

Sketch Plan #2

			2.50	4119
SKETCH PLAN []/I]A	RIMA SOUTH P	IAR CORPORK		50415
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+) SIG 3815S	N A]> _{<}	8.,	
o) Sthe DEILT	loadin	g 8cy	1 B	
ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT			
piev capara and	be fore 1 on	id reverse, To	>; S4B2611 T	turn
	-,,	7 41	,	
ECLARATION				
We declare the foregoing partie	ulars are true in every respec	1.	u noho	12017
licyholder's Signature te & Time 20/11/12,3 y	Oriver's Signature (If driver is not the poli Date & Time:	cyholder) No	porting Centre Personnel's Symme Inc./FIN No.: PORT! (NAHAB

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type	Singapore NRIC	
Owner ID Type	9582E	
Vehicle Details	SLG38155	
Vehicle No.		
Vehicle to be Exported	Yes	
Intended De-registration Date	20 Oct 2017	
Vehicle Make	B.M.W.	
Vehicle Model	325I CONVERTIBLE	
Primary Colour	Blue	
Manufacturing Year	2007	
Engine No.	76834063N52B25AF	
Chassis No.	WBAWL12020PD75299	
Maximum Power Output	160.0 kW (214 bhp)	
Open Market Value	\$63,270.00	
Original Registration Date	02 Aug 2007	
First Registration Date	02 Aug 2007	
Transfer Count	3	
Actual ARF Paid	\$69,597.00	
Intended PARF Rebate Details		
PARF Eligibility	Forfeited	
PARF Eligibility Expiry Date	(4)	
PARF Rebate Amount	\$0.00	
Intended COE Rebate Details		
COE Expiry Date	01 Aug 2022	
COE Category	E - Open Category	
COE Period(Years)	5	
PQP Paid	\$25,486.00	
COE Rebate Amount	\$24,376.00	
Total Rebate Amount	\$24,376.00	

Message

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 20 Oct 2017

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$9249582E





YEO CHONG PING



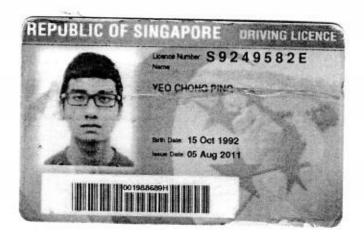
彬 宗

CHINESE Date of birth

15-10-1992 Country of birth INDONESIA



4120125







24-10-2007

APT BLK 823 JURONG WEST STREET 81 *10-468 *APORE 640823

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES! EFFECTIVE DATE

Motor Cars=< 3000kg with =<7 passengers, exclusive 05 Aug 2011 of the driver; and other motor vehicles =< 2500kg

NP 428A



Spray-Painting, Mechanical Repair And Customizing of Cars BLOCK 1010, BUKIT MERAH LANE 3, #01-105, SINGAPORE 159724 BLOCK 1009, BUKIT MERAH LANE 3. #01-82, SINGAPORE 159723 TEL: 62717054, 62733304 FAX: 62736676 EMAIL: charns@singnet.com.sg Bus. Reg. No. 251513/00M

AIG/FC(SHB2611T) DOA: 19/10/2017@1730

FIRST CAPITAL INSURANCE PTE LTD

24/10/2017

ATTN: THE MOTOR CLAIMS DEPT

THIRD PARTY CLAIM ESTIMATE COST OF REPAIR FOR VEHICLE NO: SLG 3815 S - BMW 3251 CONVERTIBLE CHASSIS NO: WBAWL12020PD75299 (2007)

1 pc	Rear bumper	\$	1,345.00 (PA 37.40 (PA 335.20 (PA
l pc	Rear bumper retainer LH	\$	37.4010
1 pc	Rear bumper lower garnish	\$	335.20
1 pc	Rear bumper reinforcement	\$	453.80 7
		S	2,171.40
	LESS 10%	\$	217.14
		\$	1,954.26
	Remove necessary parts; jacking, panel beating, repair and straighten rear inner panel, rear fender LH and rear bumper.	\$	300.00 250

Putty and respray rear inner panel, rear fender LH and rear bumper.

ADD 7% GST

400.00 300 2,654.26 \$ 185.80 2,840.06

Note: The above is an estimate only. If other parts requested during the course of repair, we will inform you accordingly.

All new/O.E.M/recon parts are subject to availability.

CHARN'S CUSTOMCRAFT

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- · Parts prices are subject to confirmation
- . Third party survey is on a "Without Prejudice" basis
- . No illegal modification(s) is allowed
- · Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

RASUL
3 days
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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 Intern	ationale Des Experts En Auton	nobile
FIRST	CAPITAL INSU	RANCE LTD	Ref : CS/FCI170204	17/R1gbe2
	BINSON ROAD CITY HOUSES	INGAPORE 068877	Date: 26-12-2017 Code: FCI2	
1.		Policy Particula	ars :- THIRD PARTY CLA	IM
- I	Insured Veh.	SHB 2611T	Veh. Inspected	SLG 3815S
	Policy No.	D-15072702MFSH	Coverage (\$)	0.00
-	Claim No.	D17009982MFSH	Excess (\$)	0.00
1	Assign From	SITHARA	Assign Date	25/10/2017
2.		Vehicle Pa	articulars & Condition	
T ₁	Make & Model	B.M.W. 325I CONVERTIBLE	c.c	2497
	Engine No.	HIDDEN	Year of Reg.	2007
- (Chassis No.	WBAWL12020PD75299	Colour	BLACK
(Odometer	158521	Steering	IN ORDER
-	Brakes	IN ORDER	Modification	SPORTS RIM
	General	FAIR		
3.		Con	ditions of Tyres	
		Size	Make	Balance
-	R/H Front Tyre	225/40Z R18	BRIDGESTONE	6 mm
I	L/H Front Tyre	225/40Z R18	BRIDGESTONE	6 mm
- 1	R/H Rear Tyre	225/40Z R18	BRIDGESTONE	6 mm
ı	L/H Rear Tyre	225/40Z R18	BRIDGESTONE	6 mm
4.		Descri	ption of Damages	
	THE VEHICLE SU DAMAGES SEE D	STAINED DAMAGES AT THE ETAILS.	REAR N/S PORTION.	
5.		Gen	eral Information	STATE OF THE CASE
-	Accident Date	19/10/2017	Inspection Date	26/10/2017
	Survey held at	CHARN'S CUSTOMCRAFT		
		BLK 1010 BUKIT MERAH LA #01-105 SINGAPORE 159724	NE 3	
5a.			Remarks	
E	B)DAMAGES CON C)THE INSPECTION	IAS NOT SEND IN FOR REPAISISTENT TO ACCIDENT REPAIN WAS CONDUCTED ON A" DE TO YOUR INSTRUCTIONS	PORT. WITHOUT PREJUDICE" BAS	
5b.	5,		ate Days of Repair	

ESTIMATED NORMAL PERIOD FOR REPAIR:

3 Working Days



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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLG 3815S

Qty	- and an or a rate	Condition	Estimate By Workshop (\$))	Our Adjusted
	REPLACEMENT OF PARTS		Workshop (\$))	(\$)
1 RE 1 RE 1 RE LES	REAR BUMPER REAR BUMPER RETAINER LH REAR BUMPER LOWER GARNISH REAR BUMPER REINFORCEMENT LESS 10% DISCOUNT	CRACKED NECESSARY CRACKED * CHECK	1,345.00 37.40 335.20 453.80 -217.14	1,345.00 37.40 335.20 - -171.76
	LABOUR REMOVE NECESSARY PARTS: JACKING, PANEL BEATING, REPAIR AND STRAIGHTEN REAR INNER PANEL, REAR FENDER LH AND REAR BUMPER.		300.00	1,545.84
- [1	PUTTY AND RESPRAY REAR INNER PANEL, REAR FENDER LH AND REAR BUMPER.		400.00	300.00
۷,	GRAND TOTAL		700.00	550.00
	SKAND TOTAL		2,654.26	2,095.84
(RECOMMENDED COST OF REPAIRS REPAIR COST NOT CONCLUDE) EXCLUDE CHECK ITEMS \$\$408.42 NETT)			2,095.84

Report Ref No. CS/FCI17020417/R1gbe2

MARKET VALUE: \$95,000.00 (EST)-LTA REIMBURSEMENT VALUE: \$24,376.00=NETT VALUE: \$70,624.00

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

1800

ADRIAN LING WAI PING

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

Licensed Appraiser

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