

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: SJP 319D
 Policy No: 5094047889 R-09.17 - 080319
 Claims No: MT109F2089-002
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____



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

Bal. or Market Value: _____
 IDAC Accident Report: _____ 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
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHC 13514 Yr Regn: 5 Apr 2012
 Type: M.Car / M.Cycle / Bus / Van / Lorry / ☒ Taxi / Prime Mover /
 Truck / Trailer or
 Make: Hyundai Santa
 Colour: Blue A/C: ☒ Ins: ☒ Std / NI / NA
 Sp. Reading: 192911 T/Radio: ☒ Ins: ☒ Std / NI / NA
 Eng/No: _____
 C/No: KMHETKUMCA822688
 Gen. Cond: Good / ☒ Poor / Burnt
 Steering: Inord / ☒ Jammed / Leaked / Burnt or
 Brake: Inord / ☒ Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STOA/Rim or
 Tyre Size: F: 215/60 R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Westlake
 Front: _____ Rear: _____
 R/Bal: 7 mm R/Bal: 7 mm
 L/Bal: 7 mm L/Bal: 7 mm
 D.O.A: 3/12/17 D.O.I: 5/12/17
 Survey held at: CDE (17/12/17)
 Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or
 Rear
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time | Action / Instruction
 SHC 13514 - 103/16/12/07283 / H142g3p1
 SJP 319D - X
 7/12/17 Contact 4/5 \$900 / 2 Pys (Red: 2607.04 : 74%)
 OCA: 010912 Inc 4s

RECEIVED 11/02/18

Date/Time: File Pass to? ☐ : Preli. Report
 11/12 Typist ☒ : Final Report
 Date/Time: File Return to?

Days Of Repair: 3
 Resurvey No. of Trip: 1

Add Fee: ☐ Site Insp (\$)
☐ Interview (\$)
☐ Tech. Insp (\$)
☐ Weekend (\$)
 Survey Fee: _____
 Transportation: _____
 Photos: _____
 Other: _____

Report Format: _____
 Lump Sum / I.B.I: (\$ 900)

160
35
195



National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC17023095/K1tb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 05-12-2017

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJP 319D	Veh. Inspected	SHC 1351U
Policy No.	5094047869	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	05/12/2017

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	03/12/2017	Inspection Date	05/12/2017
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

5a. Remarks

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

TP Claims against NTUC Income: Follow-Through Survey

Date : 08/12/2017

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/0972139-002	COMFORT TRANSPORTATION PTE LTD	SH 8278X	SLC 8158T	03/12/2017	13:20	\$ 2,285.78	\$ 1,360.60
2	MT/0972594-002	COMFORT TRANSPORTATION PTE LTD	SHB 4355U	FBI 730A	04/12/2017	17:30	\$ 1,559.40	\$ 750.00
3	MT/0967034-002	SMRT TAXI PTE LTD	SHF 7425	SIL 4746Z	23/10/2017	17:30	\$ 29,293.50	\$ 14,150.00
4	MT/0971684-002	COMFORT TRANSPORTATION PTE LTD	SHC 8443S	SHB 8982H	29/11/2017	2:30	\$ 1,327.04	\$ 560.00
5	MT/0972089-002	COMFORT TRANSPORTATION PTE LTD	SHC 1351U	SJP 319D	03/12/2017	1:45	\$ 3,507.04	\$ 900.00
6	MT/0973057-001	CITYCAB PTE LTD	SHD 8531R	SFM 1303E	04/12/2017	4:55	\$ 2,411.58	\$ 1,080.48

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="03/12/2017 18:09"/>						
Vehicle No. (For Motor)	<input type="text" value="SJP319D"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5094047869	LASER MOTORING LIMITED LIABILITY PARTNERSHIP	T16LL1605A	GPC	Third Party	SJP319D	SJP319D	09/09/2017	08/03/2019
<input type="button" value="Continue"/>									

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	04/12/2017 17:21
Date Of Accident	03/12/2017 01:45
Exact Location Of Accident	BT BATOK RD > BT PANJANG RD X PAVILLION VIEW
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1351U
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGCOM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	SONATA-2.0 (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	TAXI

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0016
Cover Note Number	

Driver

Name of Driver	QUEK KENG PEOW
NRIC No	S7114044Z
Date Of Birth	05/04/1971
Occupation	OUTDOOR
Date Of Driving Pass	18/12/1992
Driving Experience	24 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	RONALD-QUEK@HOTMAIL.COM

Address	475 ANG MO KIO AVE 10 # 13-704
Postcode	S560475
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
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?	YES
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

PLS SEE ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJP319D
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	AIFI
NRIC/Passport Number	
Contact Number	86531683
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	QUEK KENG PEOW
------	----------------

Approximate Age	46
Injuries Sustain	NECK, BACK
Injured person in which vehicle?	SHC1351U
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	475 ANG MO KIO AVE 10 # 13-704
Postcode	

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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.
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7. 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 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 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.

COMFORT TRANSPORTATION PTE LTD
CO. REG NO. 19077

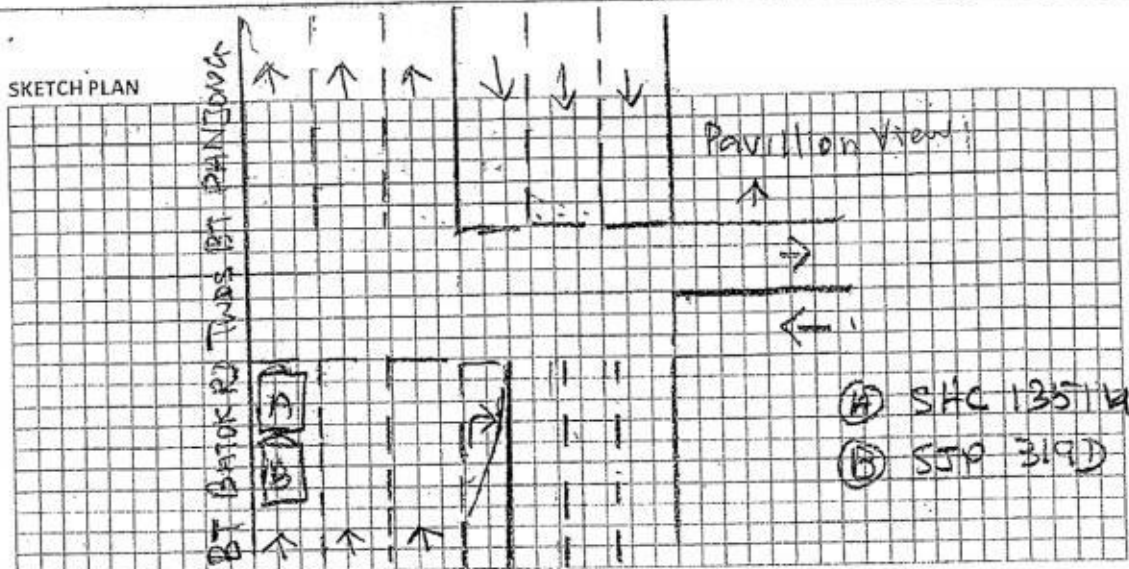
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Authorised Person's Name ID:





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 3rd/12/2017 at about 0145 hrs, I vehicle A was stationary at the traffic light junction waiting for traffic light to turn green. While waiting a few seconds later vehicle B came from behind and bang onto my vehicle A rear causing the damage. I.e. u

DECLARATION

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

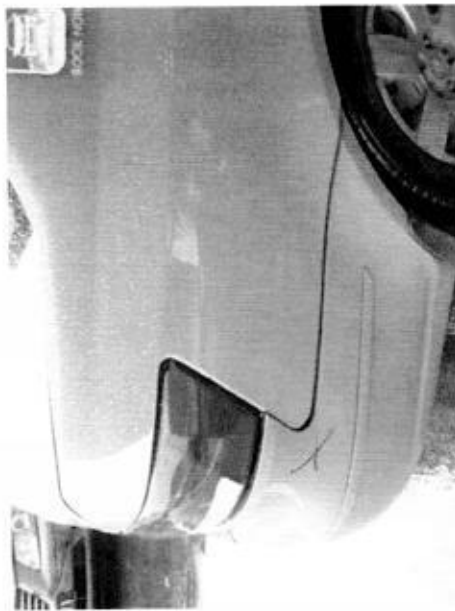
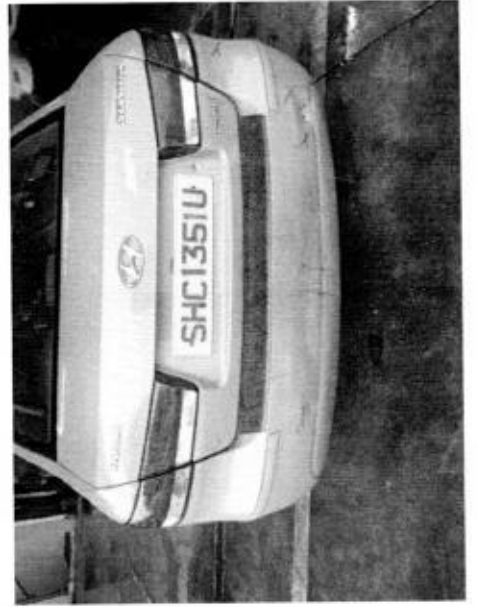
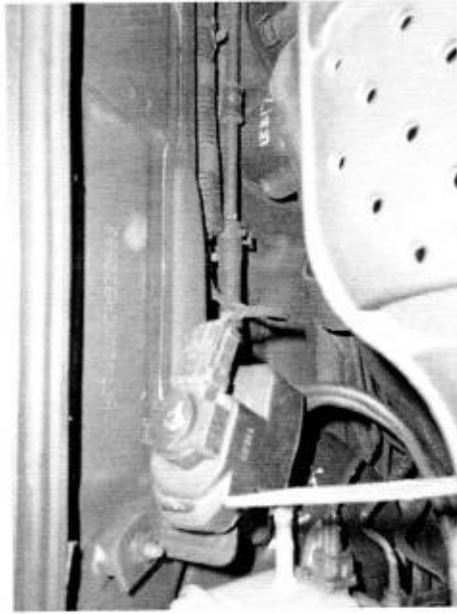
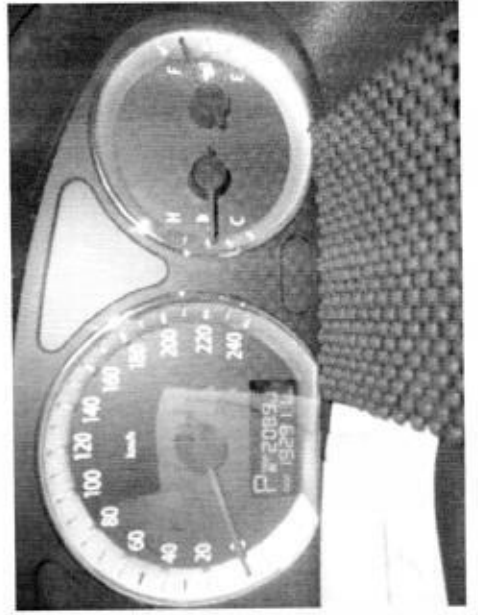
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199301800 R

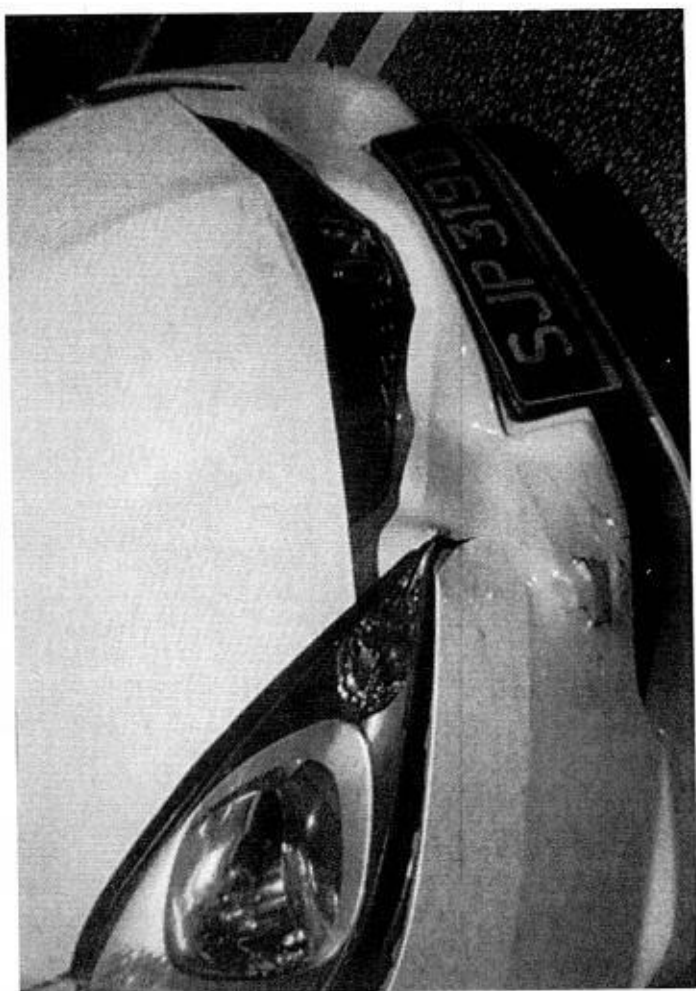
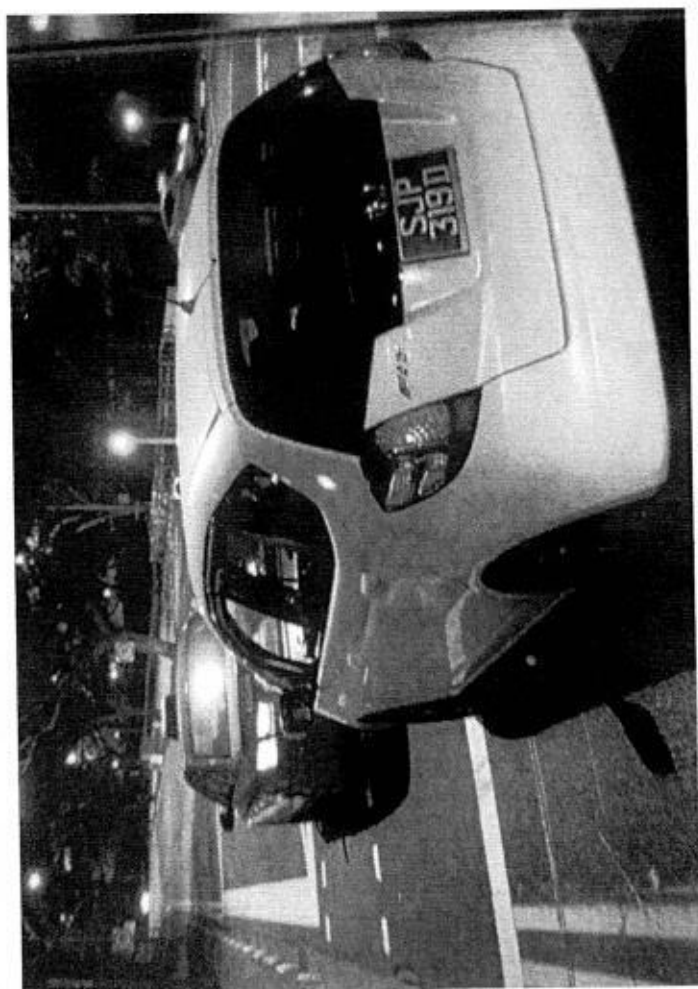
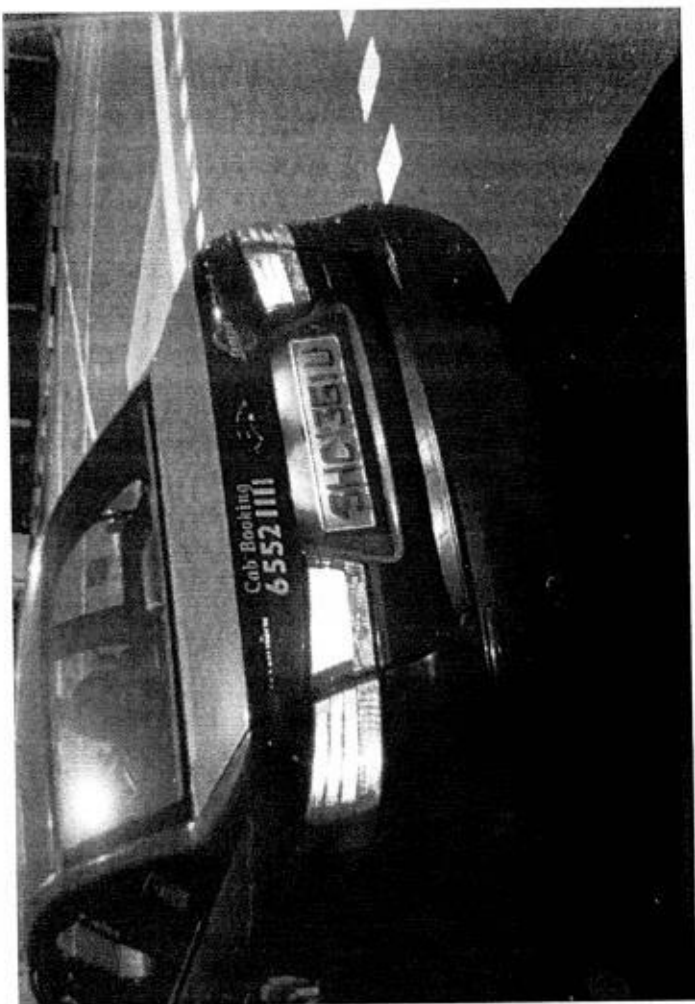
Policyholder's Signature
Date & Time:

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

N. S. Maniam (CSO)

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:





Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: 3787679 JC NO.305094794

TOMER MS COMFORT TRANSPORTATION PTE LTD TOMER NO 7010045 RESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P)		REGN NO: SHC1351U	MILEAGE
		MAKE: HYUNDAI	FUEL E.....1/2.....F
		MODEL SONATA	DATE/TIME IN 04.12.2017 16:30
		YR OF MANU 05.04.2012	TARGET DATE
		CHASSIS CODE KMHET41VMCA822688	COMPLETION DATE/TIME:

COUNT CARD NO.

JOB DESCRIPTION

accident Date: 03.12.2017
NATURE: 3P 03.12.2017/B

S/NO LABOR CODE DESCRIPTION

CHECKED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Acknowledgement Slip		Exit Pass	
Vehicle No.: SHC1351U FZ NTUC LKK		Vehicle No.: SHC1351U	
Signature/Date		Date	
Name of Service Advisor		Name of Service Advisor	
returned to Service Reception upon collection		To be kept by Security Guard	

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE*

VEHICLE NO : SHC 1351U

DATE 5/12/2017 10:40

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid <i>X Repair</i>			\$ 1,349.50
	Boot Lid Rubber <i>X SLS</i>			\$ 110.90
	Boot Lid Lock Upper <i>X SLS</i>			\$ 132.10
	Boot Lid Lock Lower <i>X SLS</i>			\$ 30.30
	Boot Lid Sonata Plate <i>— ne</i>			\$ 43.60
	Boot Lid Hyundai Plate <i>— ne</i>			\$ 24.20
	Boot Lid 'H' Emblem <i>— ne</i>			\$ 26.10
	Boot Lid CRDI Plate <i>— ne</i>			\$ 22.70
	Rear Bumper <i>— Detail</i>			\$ 578.40
	Rear Bumper Reinforcement <i>X SLS</i>			\$ 483.30
	Rear Bumper Clip <i>— ne</i>			\$ 22.00
	Rear Bumper Sponge <i>X SLS</i>			\$ 137.40
	Rear Bumper Under Cover <i>X SLS</i>			\$ 185.80
	SUB TOTAL			\$ 3,146.30
	LESS 20%			\$ 629.26
	DISCOUNTED TOTAL			\$ 2,517.04
	Boot Lid Comfort Logo & Tel No. Sticker <i>— ne</i>			\$ 30.00
				\$ 30.00
	Labour Charge			
	Panel Beating			\$ 560.00 <i>200</i>
	Spray Painting Charge			\$ 400.00 <i>260</i>
	TOTAL LABOUR			\$ 960.00
	ESTIMATE TOTAL			\$ 3,507.04

Kalvin LKK

5/12/17 11.0.6

30.71

45

After Repair photo

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:

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305094794
Date : 07.12.2017

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHC1351U

Date of Accident : 03.12.2017

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: NTUC --- SJP 319D
2. The finalized amount shall be:

(a) Spare Parts after List discount	\$0.00
(b) Labour Charges	\$0.00
Total for Part-By-Part Repair Cost	\$0.00
(c) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: 20%	\$900.00
Final Lumpsum Repair cost	

3. Estimated normal period for repairs: 2 working days.

4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days

5. Thank you for your assistance.


We confirm the estimates and finalized amount

Signature : 

Name : FAUZY BIN MOKHTAR

Tel : 62148319

Fax : 65468156

Signature : 

Name : K. Kalvin

Date : 7/12/17

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		N		
3. Survey Fees				
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:



Thatcham escribe

National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC17023095/K1tbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 22-12-2017

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJP 319D	Veh. Inspected	SHC 1351U
Policy No.	5094047869	Coverage (\$)	0.00
Claim No.	MT/0972089-002	Excess (\$)	0.00
Assign From		Assign Date	05/12/2017

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2012
Chassis No.	KMHET41VMCA822688	Colour	BLUE
Odometer	192911	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/60 R16	WEST LAKE	7 mm
L/H Front Tyre	215/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	215/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	215/60 R16	WEST LAKE	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	03/12/2017	Inspection Date	05/12/2017
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 Working Days
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**National Assessment Centre Services**

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

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 1351U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	BOOT LID	TO REPAIR	1,349.50	-
1	BOOT LID RUBBER	SERVICEABLE	110.90	-
1	BOOT LID LOCK UPPER	SERVICEABLE	132.10	-
1	BOOT LID LOCK LOWER	SERVICEABLE	30.30	-
1	BOOT LID SONATA PLATE	NECESSARY	43.60	43.60
1	BOOT LID HYUNDAI PLATE	NECESSARY	24.20	24.20
1	BOOT LID "H" EMBLEM	NECESSARY	26.10	26.10
1	BOOT LID CRDI PLATE	NECESSARY	22.70	22.70
1	REAR BUMPER	DEFORMED	578.40	578.40
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	483.30	-
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	SERVICEABLE	137.40	-
1	REAR BUMPER UNDER COVER	SERVICEABLE	185.80	-
	LESS 20% DISCOUNT		-629.26	-143.40
			2,517.04	573.60
<u>SPECIAL NETT ITEMS</u>				
1	BOOT LID COMFORT LOGO & TEL NO STICKER (SN)	NECESSARY	30.00	30.00
			30.00	30.00
<u>LABOUR</u>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		560.00	200.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		400.00	360.00
	-		-	-
	-		-	-
	-		-	-
			960.00	560.00
GRAND TOTAL			3,507.04	1,163.60
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				900.00

Report Ref No. NS/INC17023095/K1tbn2

Report Ref No. NS/INC17023095/K1tbn2

A handwritten signature in black ink, consisting of a large, stylized 'A' followed by a vertical line.

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

A handwritten signature in black ink, featuring a large, stylized 'L' followed by a smaller 'h'.

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE,
MInstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.