

Siccardi

Kalin

REF: NS/INC17023509/Klqbs2

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: SH 6367TPolicy No: 5068883728-03 061217-DB1218Claims No: MT/0977998-02

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 2 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: SH 6306L Yr Regn: 31 Dec 2014

Type: M.Car / M.Cycle / Bus / Van / Lorry / T/B / Prime Mover /

Truck / Trailer or

Make: Hyundai 240 cc 1685Colour: Blue A.C. Insu: Std / NI / NASp. Reading: 534012 T/Radio: Ins: Std / NI / NA

Eng No: _____

C/No: KMHCB414ME1061534Gen. Cond: Good / 6 / Poor / BurntSteering: Inor: 6 / Jammed / Leaked / Burnt orBrake: Inor: 6 / Jammed / Leaked / Burnt orModi: Nil / S/Rim / 6 D A/Rim orTyre Size: F: 205/60R16R: 4

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Pavanti

Front Rear

R/Bal: 2 mm R/Bal: 2 mmL/Bal: 2 mm L/Bal: 2 mmD.O.A: 9/12/17 D.O.I: 11/12/17Survey held at: CPHE (Gang)

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Front.

The U/C / Chassis frame / Body Structure affected due to collision:

Date / Time Action / Instruction

SH 6306L - NA / INC17023509/24SH 6367T - "18/12/17 late 8/12/17 / 2 hrs.
(ded 2032.96 90%)
no lump sum.DAF: 061217 INC"
Labour only
19/12/2017

RECEIVED 19 DEC 2017

Date/Time, File Pass to? ☐ : Preli. Report19/12 turner ☐ : Final Report

Date/Time, File Return to?

Days Of Repair: 2Resurvey No. of Trip: 1

Survey Fee

Transportation

Add Fee: ☐ Site Insp (\$)☐ Interview (\$)☐ Tech. Insp (\$)☐ Weekend (\$)

Photos

Others

Report Format: TPLump Sum / I.B.I. (\$) 275



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/INC17023509/K1qb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 11-12-2017

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJV 6367T	Veh. Inspected	SH 6306L
Policy No.	5068883728-03	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	11/12/2017

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

--

5. General Information

Accident Date	09/12/2017	Inspection Date	11/12/2017
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.
--

Reference No. : NS/INCL/7023509/1C65
Policy Type: OD (TP) TP RES / TL / EVA

SH 6306L

Typist

Admin (Cgth): Case handler to make sure all information created by the assignment team are **ACCURATE**.

<u>Y-Date</u>	<u>N-Date</u>
✓	
✓	
✓	
✓	
✓	
✓	
✓	
✓	

Surveyor (Calvin): Case handler to make sure the surveyor completed all required information.

C	Vehicle No
C	Regn Month/Year
N	Vehicle Type
N	Make & Model
C	Engine Capacity. (C.C)
N	Colour
C	Odometer. (Sp.Reading)
C	Chassis No
N	General Condition
N	Steering
N	Brake
N	Modification (Modi)
C	Tyre Size
N	Tyre Make
C	Tyre Balance
C	Date of Inspection
N	Survey held
N	Des.of Damages

A handwriting practice sheet for the letter 'y'. The left side features a vertical column of 12 cursive 'y' characters, each starting with a red dot and a red arrow indicating the stroke direction. The right side is a grid of 12 rows for independent practice, with each row containing two empty boxes for the letter.

C Damaged Vehicle Photographs Uploaded

<input checked="" type="checkbox"/>			
-------------------------------------	--	--	--

N	ALL Parts condition
C	Market Value for OD cases
C	Estimate Repair Cost for PRI (RSI, TMI, MSIG)
C	Days of repair
C	Finalised Amount
C	Re-inspection Cases to Finalize within 5 Days

✓	
✓	
✓	

	100%

C Resurvey photo Uploaded

✓			
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Case Handler [Signature] Date 19/12/17

21/05/2014

TP Claims against NTUC Income: Follow-Through Survey

Date : 18/12/2017

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/0970584-002	SMRT TAXI PTE LTD	SHB 1056C	SLG 4640Y	21/11/2017	16:20	\$ 25,705.79
2	MT/0973050-002	COMFORT TRANSPORTATION	SHD 6523C	SKV 3462J	10/12/2017	12:05	\$ 2,661.58
3	MT/0972731-002	COMFORT TRANSPORTATION	SHD 4966X	SHC 6469G	6/12/2017	16:10	\$ 2,105.88
4	MT/0973500-002	COMFORT TRANSPORTATION	SHD 8566R	SHD 1555T	13/12/2017	6:35	\$ 2,451.58
5	MT/0972998-002	COMFORT TRANSPORTATION	SH 6306L	SJV 6367T	09/12/2017	9:00	\$ 2,307.96
6	MT/0974203-001	COMFORT TRANSPORTATION	SHA 4173H	FBM 1194A	13/12/2017	2:05	\$ 6,108.68
7	MT/0972865-002	SMRT TAXI PTE LTD	SHB 445U	SJW 513Y	7/12/2017	14:45	\$ 4,449.83
8	MT/0970787-002	SMRT TAXI PTE LTD	SHB 1280X	YN 9336C	21/11/2017	16:10	\$ 9,153.61
9	MT/0972556-002	SMRT TAXI PTE LTD	SHC 4121Y	GBE 7752S	5/12/2017	16:45	\$ 4,998.11
10	MT/0972155-002	SMRT TAXI PTE LTD	SHD 6351G	SLT 2327Y	2/12/2017	15:00	\$ 7,617.96
11	MT/0973396-002	COMFORT TRANSPORTATION	SHD 4121S	GBC 3770B	11/12/2017	17:15	\$ 2,422.02

eBaoTech

GeneralClaim

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	09/12/2017 18:28						
Vehicle No. (For Motor)	<input type="text" value="SJV6367T"/>								
<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"/>	SD68883728-03	GOH BOON SENG	S1191863H	GPC	drive CLASSIC	SJV6367T	SJV6367T	06/12/2017	05/12/2018
<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	09/12/2017 11:02
Date Of Accident	09/12/2017 09:00
Exact Location Of Accident	OPEN SPACE CAR PARK NEAR BLK 10 OFF BEACH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6306L
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40

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	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-15072701MFSH
Cover Note Number	

Driver

Name of Driver	CHEW TENG PANG
NRIC No	S0827197F
Date Of Birth	06/05/1947
Occupation	OUTDOOR
Date Of Driving Pass	13/03/1978
Driving Experience	39 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 560 #05-1768 ANG MO KIO AVENUE 10
 Postcode 560560
 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 -
 Vehicle -
 Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR (TP reverse)
 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) 3

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

SEE ATTACH.

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

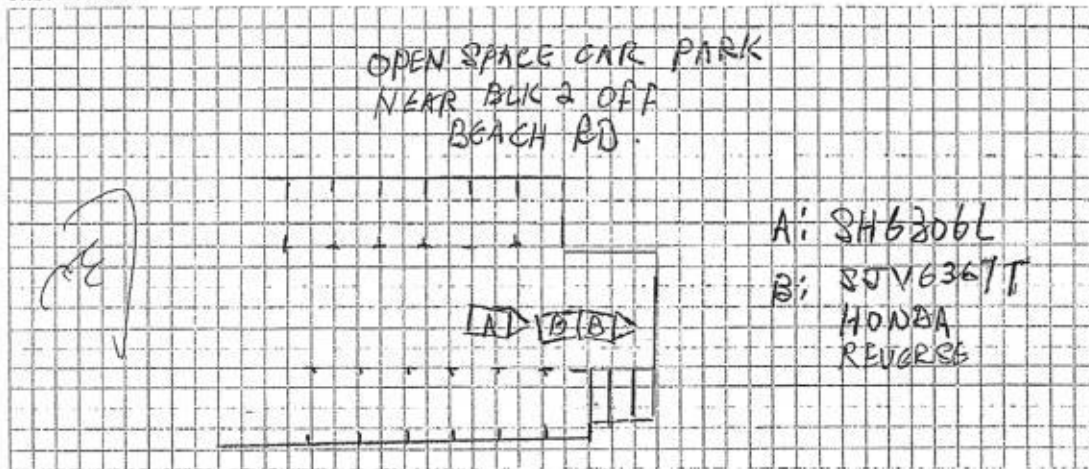
Vehicle Registration Number SJV6367T
 Vehicle Make/Model/Colour
 Details Of Properties
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage REAR LEFT
 No. Of Passenger (Including Driver)

Details of Witness

Name
 Phone Number
 Email Address

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD

Policyholder's Signature: 93303821R
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

Sketch Plan Pg. 2

Describe Circumstances of the Accident

On 09 Dec 2017 at about 09:00 hrs I stopped my taxi behind a Honda car in the open space car park near Blk 2 off Beach Rd to alight my lady passenger with a baby.

In the midst of collecting the taxi fare from her suddenly I felt an impact coming from the front portion of my taxi followed by a jerk.

Shortly after I found that the Honda car had reversed and hit the frontal portion of my stationary taxi.

Enclosed is a video footage to show the car reverse and hit my taxi.

No injury at the point of the accident.

Declaration

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

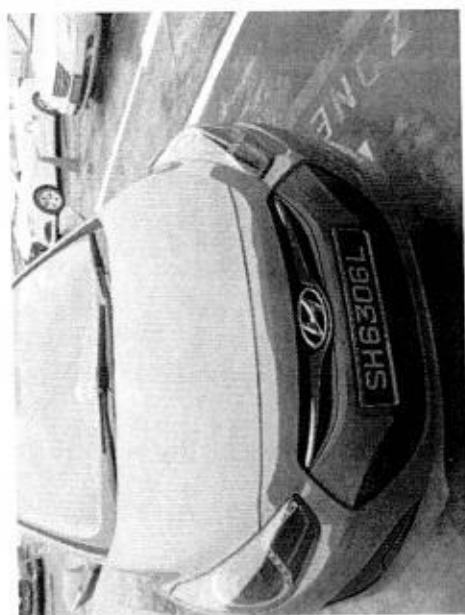
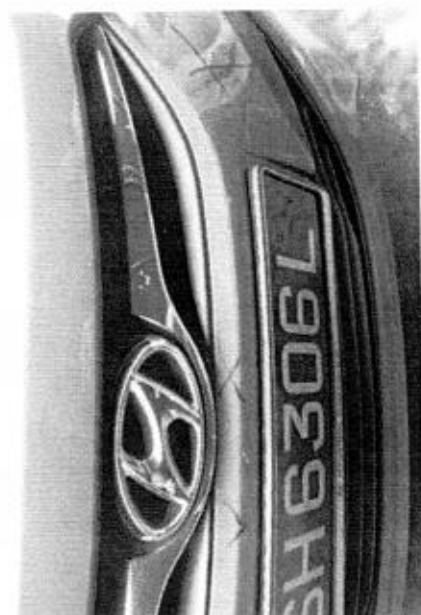
COMFORT TRANSPORTATION PI
CO. REG. NO. 189303821R

Policyholder's Signature/Date &
Time

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

09/12/17

Witnessed by Reporting
Centre Personnel



A member of COMFORTDELGRO

Date/Time: 09.12.2017 12:04 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 3788865

JC NO.305096305

CUSTOMER MS COMFORT TRANSPORTATION PTE LTD 7010045 CUSTOMER NO 383 SIN MING DRIVE SINGAPORE SINGAPORE 575717 65508755 (R) (P)	REGN NO	SH 6306L	MILEAGE
	MAKE	HYUNDAI	FUEL E.....1/2.....F
	MODEL	I-40	DATE/TIME IN 09.12.2017 09:35
	YR OF MANU	31.12.2014	TARGET DATE
	CHASSIS CODE	KMHLB41UMEU061534	COMPLETION DATE/TIME:

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 09.12.2017
NATURE: 3P 09.12.17/B

3/NO	LABOR CODE	DESCRIPTION
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CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SH 6306L FZ NTUC LKK

Vehicle No.: SH 6306L

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

Vehicle returned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE*

VEHICLE NO : SH 6306L

DATE 11/12/2017 13:01

MAKE :

MODEL : HYUNDAI i40

N/Tuc

F2
Fauzy

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Radiator Grille X ^{su}			\$ 294.35	
	Radiator Grille H Emblem X ^{su}			\$ 113.65	
	Front Bumper Cover X ^{su}			\$ 562.30	
	Front Bumper Sponge X ^{su}			\$ 142.20	
	Front Bumper Reinforcement X ^{su}			\$ 526.10	
	Front Bumper Centre Grille X ^{su}			\$ 176.90	
	Front Bumper Bracket Top (LH/RH) X ^{su}		\$ 22.40	\$ 44.80	
	Front Bumper Retainer Mounting X ^{su}		\$ 9.20	\$ 18.40	
	SUB TOTAL			\$ 1,878.70	
	LESS 20%			\$ 375.74	
	DISCOUNTED TOTAL			\$ 1,502.96	
	Front Number Plate — h ^{not}			\$ 25.00	Nett
	Front No Plate Trim Cover X ^{su}			\$ 30.00	Nett
				\$ 55.00	
	Labour Charge				
	Panel Beating			\$ 550.00	
	Spray Painting Charge			\$ 200.00	
				750	
	TOTAL LABOUR			\$ 750.00	
	ESTIMATE TOTAL			\$ 2,307.96	
<p>Kalvin LKKK</p> <p>11/12/17 1500 hrs.</p> <p>20 days</p> <p>45</p> <p>After Repair photo</p>					
<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> 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 Supplemental item(s) must be resurveyed and is subject to final approval from Insurance Company <p>Acknowledged by Repairer</p> <p>Signature:</p> <p>Date:</p>					
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 : 305096305

Date : 14.12.2017

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No : SH 630 6 L

Date of Accident : 09/12/17

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

1. The repair job shall bill to: NTUC --- SJV6367T
###
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$25.00
 - (b) Labour Charges ### \$200.00
 - Total for Part-By-Part Repair Cost \$225.00**
 - (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20% \$0.00
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

Tel : 6214 8315

Fax : 65468156

Signature : 

Name : Kalvin

Date : 18/12/17

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:

COMFORTDELGRO ENGINEERING PTE LTD

Date: 14.12.2017

REPAIR ESTIMATE

Time: 19:08:06

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305096305
REGN NO : SH 6306L
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 31.12.2014
DATE/TIME IN : 09.12.2017 09:35
ACCIDENT DATE : 09.12.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 FNPS NO PLATE(S) 1 N 25.00 0.00 25.00

SUB-TOTAL : 25.00

JOB NATURE

0000 L PANEL BEATING

~~200.00~~ 0.00

0001 L SPRAY PAINTING CHARGE

~~0.00~~ 200.00

SUB-TOTAL : 200.00

TOTAL : 225.00

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :



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/INC17023509/K1qbs2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 27-12-2017

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJV 6367T	Veh. Inspected	SH 6306L
Policy No.	5068883728-03	Coverage (\$)	0.00
Claim No.	MT/0972998-002	Excess (\$)	0.00
Assign From		Assign Date	11/12/2017

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KMHLB41UMEU061534	Colour	BLUE
Odometer	534017	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	DAVANTI	7 mm
L/H Front Tyre	205/60 R16	DAVANTI	7 mm
R/H Rear Tyre	205/60 R16	DAVANTI	7 mm
L/H Rear Tyre	205/60 R16	DAVANTI	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	09/12/2017	Inspection Date	11/12/2017
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.
--

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 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 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 6306L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	RADIATOR GRILLE	SERVICEABLE	294.35	-
1	RADIATOR GRILLE H EMBLEM	SERVICEABLE	113.65	-
1	FRONT BUMPER COVER	TO REPAIR	562.30	-
1	FRONT BUMPER SPONGE	SERVICEABLE	142.20	-
1	FRONT BUMPER REINFORCEMENT	SERVICEABLE	526.10	-
1	FRONT BUMPER CENTRE GRILLE	SERVICEABLE	176.90	-
2	FRONT BUMPER BRACKET TOP (LH/RH) @\$22.40	SERVICEABLE	44.80	-
2	FRONT BUMPER RETAINER MOUNTING @\$9.20	SERVICEABLE	18.40	-
	LESS 20% DISCOUNT		-375.74	-
			1,502.96	-
<u>SPECIAL NETT ITEMS</u>				
1	FRONT NUMBER PLATE (SN)	GRAZED	25.00	25.00
1	FRONT NO PLATE TRIM COVER (SN)	SERVICEABLE	30.00	-
			55.00	25.00
<u>LABOUR</u>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		550.00	-
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		200.00	200.00
			750.00	200.00
GRAND TOTAL			2,307.96	225.00
RECOMMENDED COST OF REPAIRS (CONFIRMED)				225.00

Report Ref No. NS/INC17023509/K1qbs2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

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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