

Subsidiary

Kalvin

REF

NS/INC17024536 / K1rbn2

✓

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: **SJK 4603H**
 Policy No: **50 87781150 20092017**
 Claims No: **MT 10974934-002**
 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

Ball 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: **SHA 28746** Reg: **23 Mar 2012**
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: **Hyundai Santa Fe** cc **1991**
 Colour: **Blue** A/C Insured / Std / NI / NA
 Sp Reading: **83 2924** T Radio: Ins / Cred / Std / NI / NA
 Eng No: _____
 C No: **K1 HE74 / VAC A82A38**
 Gen. Cond: Good / **6** / Poor / Burnt
 Steering: In order / **6** / Jammed / Leaked / Burnt or
 Brake: In order / **6** / Jammed / Leaked / Burnt or
 Mod: Nil / Si Rim / STD / **6** / or
 Tyre Size: F: **215 / 60 R16**
 R: **215 / 60 R16**
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **Maxxis**
 Front: **7** Rear: **7**
 R/Bal: **7** mm R/Bal: **7** mm
 L/Bal: **7** mm L/Bal: **7** mm
 D.O.A: **21/12/17** D.O.I: **26/12/17**
 Survey held at: **CAGE (107m/s)**
 Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or
n/s Rear
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction
2/1/18 **SHA 28746 - NA / CTU16018163/h4**
SJK 4603H - X
Confirmed CPS \$950 / 2 Pys
Red: \$593.12, 38%.

Date: 260916

ZNC
L/S

RECEIVED 03 JAN 2018

Date/Time File Pass to? ☐ : Prel. Report
☒ : Final Report
 typist
 Date/Time File Return to?

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

Add Fee: ☐ Site Insp \$
☐ Interview \$
☐ Tech insp \$
☐ Weekend \$

Report Format: **TP**
 Lump Sum / H/L: **950**

Survey Fee	160
Transport	
Food	
Tools	
Other	
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/INC17024536/K1rb

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.	SJK 4603H	Veh. Inspected	SHA 2874G
Policy No.	5087781150	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	26/12/2017

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	21/12/2017	Inspection Date	26/12/2017
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.
--

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5087781150	SM CAR RENTAL PTE LTD	201700552G	GFT	Third Party	SJK4603H	SJK4603H	20/09/2017	

TP Claims against NTUC Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/0974939-002	COMFORT TRANSPORTATION	SHD 6653K	SLP 2511C
2	MT/0974934-002	COMFORT TRANSPORTATION	SHA 2874G	SJK 4603H
3	MT/0975291-002	COMFORT TRANSPORTATION	SHC 3744G	YL 1230L
4	MT/0975668-002	COMFORT TRANSPORTATION	SH 6097P	SLE 8554Y
5	MT/0975315-002	COMFORT TRANSPORTATION	SHC 2941K	YP 5831E
6	MT/0975395-002	COMFORT TRANSPORTATION	SHC 8031Y	GBB 4156Z
7	MT/0974929-002	COMFORT TRANSPORTATION	SH 9321Y	FBM 2329Y
8	MT/0975678-002	COMFORT TRANSPORTATION	SHC 8021B	SJH 5404A
9	MT/0975539-002	COMFORT TRANSPORTATION	SHA 7663R	YM 6298D
10	MT/0975477-002	COMFORT TRANSPORTATION	SHD 7056C	SJS 1562U
11	MT/0975923-001	COMFORT TRANSPORTATION	SHC 2783A	SGV 8542B

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	21/12/2017 17:03
Date Of Accident	21/12/2017 14:20
Exact Location Of Accident	SENTOSA GATEWAY ROAD X DRIVEWAY EXIT OF VIVOCITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA2874G
-----------------------------	----------

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	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	COWELL GEORGE DENNIS
NRIC No	S1726117G
Date Of Birth	01/03/1964
Occupation	OUTDOOR
Date Of Driving Pass	29/03/1985
Driving Experience	32 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
E Mail Address	NOEMAIL

Address	712 BEDOK RESERVOIR ROAD #04-3928
Postcode	S470712
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 - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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

PLS SEE ATTACHED (TYPE OF ACCIDENT - HEAD TO SIDE)

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	SJK4603H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

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 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 10221

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.:

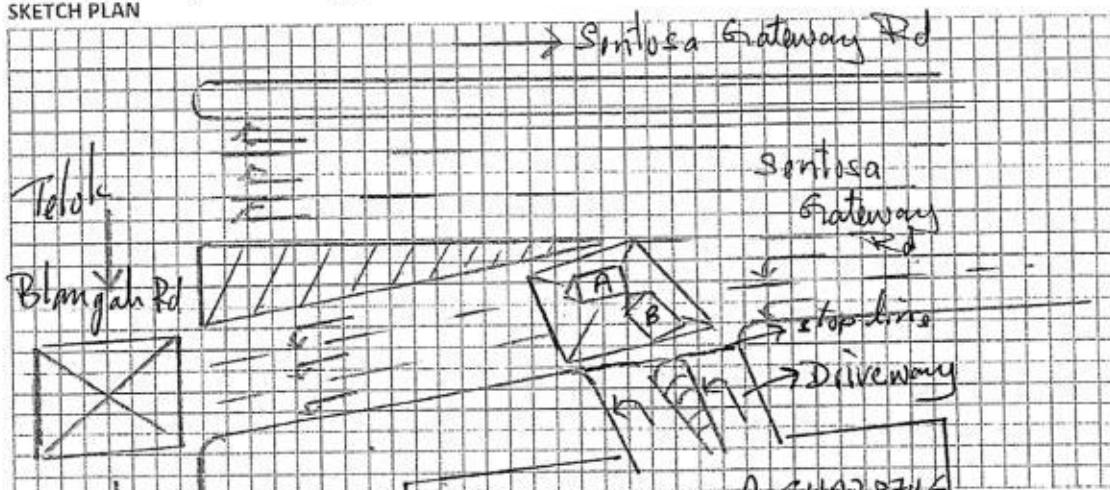
GIA/IMC SketchPlanForm_V3

2



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vivacity

A=SHA28746
B=SJK 4603 H

As
attached

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 100303821P

Policyholder's Signature

Date & Time:

GIAMC SketchPlanForm_V2

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Lim Ee Soon
CSO

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SHA 2874 G - ACCIDENT STATEMENT

This afternoon(21/12/2017), I travelled on Sentosa Gateway after ferrying my passengers to RWS.

As seen in the video footage, I slowed down the speed while following closely behind other cars turning left into Telok Blangah Road.

As I was crossing the yellow box junction, my taxi was suddenly hit into by car B(SJK4603H) amid exiting the driveway of Vivocity where there was a stop line at the exit point.

I immediately stopped my taxi and proceeded to take photos at the scene.

The photos showed the rear left bumper of my taxi was hit directly by the middle front bumper of car B.

Car B was a private-hire car but its driver, a male Chinese, declined exchange of particulars following the accident.

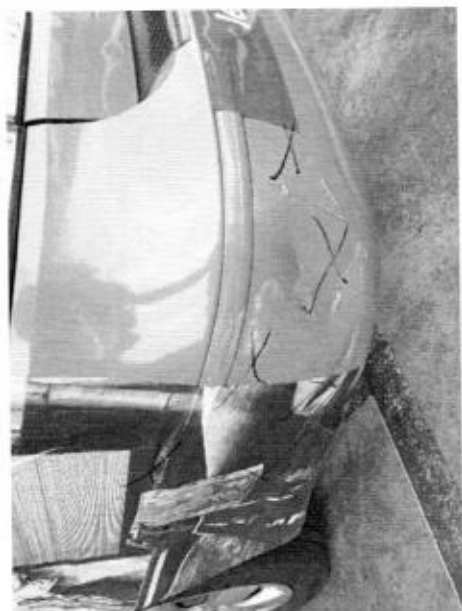
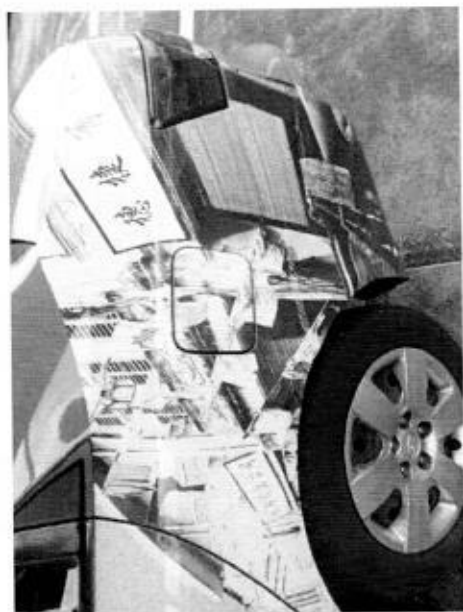
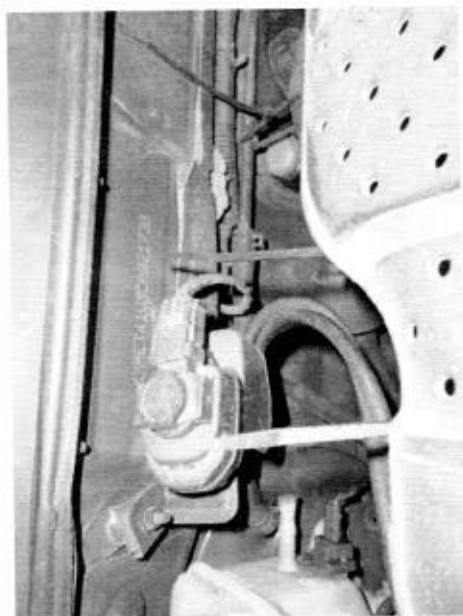
I affirmed the above-statement is true and correct.

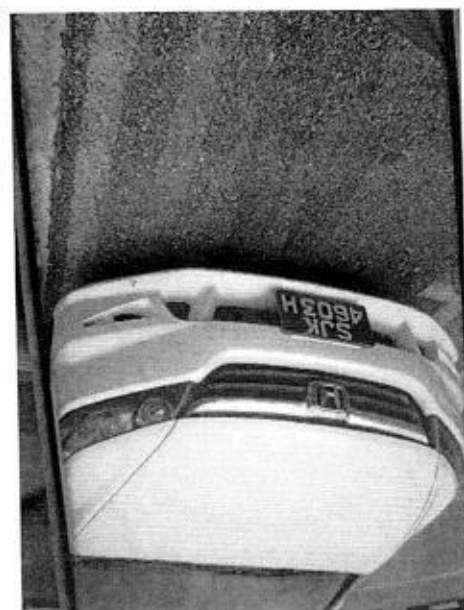
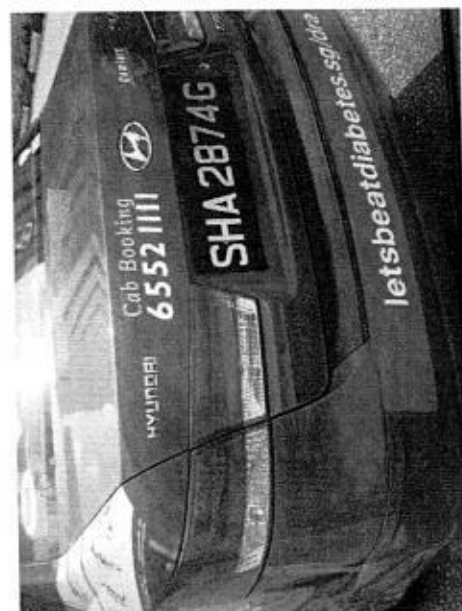
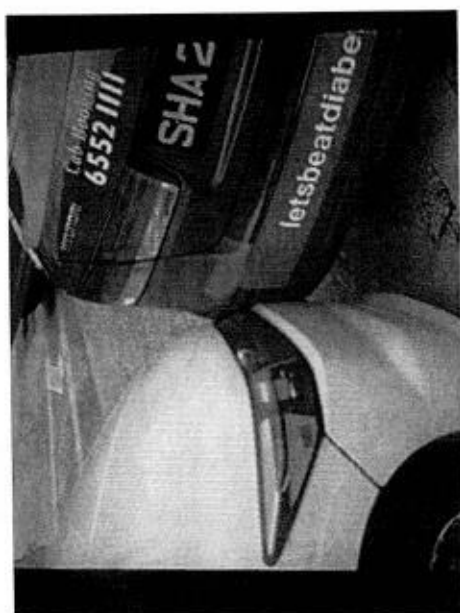


Driver name : Cowell George Dennis
NRIC NO : S 1726117G
Date: 21/12/2017

Recorded by Alex Lim







Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.305100748

CUSTOMER
VMS COMFORT TRANSPORTATION PTE LTD
CUSTOMER NO 7010045
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
L (R) 65508755 (O)
(P)

SCOUT CARD NO.

REGN NO. SHA2874G	MILEAGE
MAKE HYUNDAI	FUEL E.....1/2.....F
MODEL SONATA	DATE/TIME IN 26.12.2017 08:55
YR OF MANU 23.03.2012	TARGET DATE
CHASSIS CODE KMHET41VMCA821738	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 21.12.2017
NATURE: 3P 21.12.2017

S/N	LABOR CODE	DESCRIPTION
		NTUC - taxi left rear damage
		LICK/Kahni -

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Exit Pass

Vehicle No.: SHA2874G
LARRY

Vehicle No.: SHA2874G

Larry Ng

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 2874G

DATE 21/12/2017 16:54

MAKE :

MODEL : HYUNDAI SONATA

DIA: 21.12.17

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper <i>Defect</i>			\$ 578.40	
	Rear Bumper Clip <i>nc</i>			\$ 22.00	
	Rear Bumper Protector (LH) <i>X 4pc</i>			\$ 38.00	
	Rear Fender Mudflap (LH) <i>X 5pc</i>			\$ 15.50	
	SUB TOTAL			\$ 653.90	
	LESS 20%			\$ 130.78	
	DISCOUNTED TOTAL			\$ 523.12	
	Rear Bumper Advertisement Logo <i>nc</i>			\$ 50.00	Nett
	Rear Bumper Rubber Mat <i>nc</i>			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH) <i>nc</i>	\$	100.00	\$ 200.00	Nett
				\$ 300.00	
	Labour Charge				
	Panel Beating			\$ 350.00 ²⁰⁰	
	Spray Painting Charge			\$ 200.00 ¹⁸⁰	
	Wiring Charge			\$ 50.00 ^{X 2}	
	Remove/Refix Reverse Sensor			\$ 120.00 ²⁰	
	TOTAL LABOUR			\$ 720.00	
	ESTIMATE TOTAL			\$ 1,543.12	
<i>Ka lun / 1/11/17</i> <i>26/12/17 1120h</i> <i>2 DYS</i> <i>45</i> <i>After Repair photo</i>					
KK 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 to a "Without Prejudice" basis • No illegal modification(s) is allowed • Supplementary repair 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.					

Larry Ng

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305100748
Date : 29.12.2017

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

FINALIZATION FORM

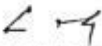
To : LKK
Attn : KALVIN
Vehicle Reg No. : SHA2874G
Date of Accident: 21.12.2017


Fax :

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

1. The repair job shall bill to: NTUC SJK4603H
2. The finalized amount shall be:
 - (a) Spare Parts after List discount
 - (b) Labour Charges
 - Total for Part-By-Part Repair Cost
 - (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less:
Final Lumpsum Repair cost \$950.00
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 : Larry Ng
Tel : 6214 8316
Fax : 6546 8156

Signature : 
Name : J. Calvert
Date : 2/1/18

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				
3. Survey Fees				
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:



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



Thatcham ecribe

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC17024536/K1rbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 05-01-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJK 4603H	Veh. Inspected	SHA 2874G
Policy No.	5087781150	Coverage (\$)	0.00
Claim No.	MT/0974934-002	Excess (\$)	0.00
Assign From		Assign Date	26/12/2017

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2012
Chassis No.	KMHET41VMCA821738	Colour	BLUE
Odometer	832934	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	MAXXIS	7 mm
L/H Front Tyre	215/60 R16	MAXXIS	7 mm
R/H Rear Tyre	215/60 R16	MAXXIS	7 mm
L/H Rear Tyre	215/60 R16	MAXXIS	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S REAR PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	21/12/2017	Inspection Date	26/12/2017
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
-------------------------------------	----------------



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. SHA 2874G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	DEFORMED	578.40	578.40
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR BUMPER PROTECTOR (LH)	TO REPAIR	38.00	-
1	REAR FENDER MUDFLAP (LH)	SERVICEABLE	15.50	-
	LESS 20% DISCOUNT		-130.78	-120.08
			523.12	480.32
SPECIAL NETT ITEMS				
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
			300.00	300.00
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		520.00	220.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		200.00	180.00
			720.00	400.00
GRAND TOTAL			1,543.12	1,180.32
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				950.00

Report Ref No. NS/INC17024536/K1rbn2

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

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

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.