aunator :	Adhun		SSIGNMEN	(Office)	k
From (Person)	Abdul Rah	man of		3PF	Date/Time: 01022018
Estimated Cos				ill to:	
	TP RES / OD 1				6 45
To Inspect Ve	hicle No:		J 1893E		Insured: OX 674C
at Workshop i	n/s	J.K.S.	moturworks	•	Tel: 1685403
of		Blk 8	Kaki Bukit	Ave 4	403-46
Policy No:				Claim No:	800/8105/009/2018/008
Sum Insured:	STEERING			Excess:	
Make of Veh:		Callet Steader		<i>=</i>	D.O.A. >8012018
THE RESIDENCE OF THE PARTY OF T					
	377.		05.0	02.2018 (3 Morning
CA / REV	REP. / REV 2				Morning .O.D. Endorsement:
	REP. / REV 2				
Date/Time:	01 02018 24	tpm Person	1 Contacted:		H.O.D. Endorsement:
CA / REV	REP. / REV 2. OI (\$\frac{1}{2}\text{0}\text{1}\text{0}\text{1}\text{2}\text{0}\text{1}\text{2}\text{1}\text{1}\text{2}\text{1}\text{2}\text{1}\text{3}\text{4}\text{2}\text{1}\text{3}\text{4}\text{2}\text{3}\text{4}\text{3}\text{4}\text{3}\text{4}\text{3}\text{4}\text{3}\text{4}\text{4}\text{4}\text{5}\text{4}\text{3}\text{4}\text{3}\text{4}\text{4}\text{4}\text{4}\text{5}\text{4}\text{5}\text{4}\text{6}\text{5}\text{6}\text{7}\text{6}\text{6}\text{7}\text{6}\text{6}\text{7}\text{6}\text{6}\text{7}\text{6}\text{7}\text{6}\text{7}\text{6}\text{7}\text{6}\text{7}\text{6}\text{7}\text{6}\text{7}\text{6}\text{7}\text{6}\text{7}\text{6}\text{7}\text{6}\text{7}\text{6}\text{7}\text{6}\text{7}\text{6}\text{7}\text{7}\text{6}\text{7}\text{7}\text{6}\text{7}\text{7}\text{6}\text{7}7	tpm Person			H.O.D. Endorsement:
CA / REV	Action/Instructi	tpm Person	1 Contacted:		H.O.D. Endorsement:
CA / REV	Action/Instructi	tpm Person on ()	i Contacted;	Leslie	Vehicle IN L. (UT)
CA / REV	Action/Instructi	tpm Person on ()	1 Contacted:	Leslie	Vehicle IN LOUT
CA / REV	Action/Instructi	tpm Person on ()	i Contacted;	Leslie	Vehicle IN LOUT



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

AUTOMOTIVE ENGINEERING & MGT DIVISION

Ref:

CS/SPF18002019/Aqb

ACCIDENT CLAIM SECTION



Insured Veh. Policy No. Claim No. Assign From Make & Model Engine No. Chassis No. Odometer Brakes	Policy Particula QX 674C AEMD/105/009/2018/008 ABDUL RAHMAN	Code: SPF ITS:-THIRD PARTY CLA Veh. Inspected Coverage (\$) Excess (\$) Assign Date rticulars & Condition c.c Year of Reg. Colour	SLU 1893E 0.00 0.00 01/02/2018		
Policy No. Claim No. Assign From Make & Model Engine No. Chassis No. Odometer	QX 674C AEMD/105/009/2018/008 ABDUL RAHMAN Vehicle Pa	veh. Inspected Coverage (\$) Excess (\$) Assign Date rticulars & Condition c.c Year of Reg.	SLU 1893E 0.00 0.00 01/02/2018		
Policy No. Claim No. Assign From Make & Model Engine No. Chassis No. Odometer	QX 674C AEMD/105/009/2018/008 ABDUL RAHMAN Vehicle Pa	Veh. Inspected Coverage (\$) Excess (\$) Assign Date rticulars & Condition c.c Year of Reg.	SLU 1893E 0.00 0.00 01/02/2018		
Policy No. Claim No. Assign From Make & Model Engine No. Chassis No. Odometer	AEMD/105/009/2018/008 ABDUL RAHMAN Vehicle Pa	Coverage (\$) Excess (\$) Assign Date rticulars & Condition c.c Year of Reg.	0.00 0.00 01/02/2018		
Claim No. Assign From Make & Model Engine No. Chassis No. Odometer	ABDUL RAHMAN Vehicle Pa	Excess (\$) Assign Date rticulars & Condition c.c Year of Reg.	0.00 01/02/2018		
Make & Model Engine No. Chassis No. Odometer	ABDUL RAHMAN Vehicle Pa	Assign Date rticulars & Condition c.c Year of Reg.	01/02/2018		
Make & Model Engine No. Chassis No. Odometer	Vehicle Pa	c.c Year of Reg.			
Engine No. Chassis No. Odometer		c.c Year of Reg.	0		
Engine No. Chassis No. Odometer	HIDDEN	Year of Reg.	0		
Chassis No. Odometer	HIDDEN	2/10 Str. 11 (10) (10) (10) (10) (10)			
Odometer		Colour			
OT STATE OF THE ST					
Brakes	\$\vec{1}{1}\$	Steering			
		Modification			
General					
	Cond	litions of Tyres	State State State State		
	Size	Make	Balance		
			mm		
L/H Front Tyre			mm		
R/H Rear Tyre			mm		
L/H Rear Tyre			mm		
	Descrip	tion of Damages	Burrow Colonia Colonia		
Endrig No. / In	Gene	ral Information			
	28/01/2018	Inspection Date	05/02/2018		
Survey held at	JKS MOTOR WORKS PTE LTD				
	8 KAKI BUKIT AVE 4 #03-46 PREMIER @ KAKI BU SINGAPORE 415875	KIT			
	and the state of t	Remarks	Single samples and same		
	R/H Front Tyre L/H Front Tyre R/H Rear Tyre L/H Rear Tyre Accident Date Survey held at	Size R/H Front Tyre L/H Front Tyre R/H Rear Tyre L/H Rear Tyre Descrip Gene Accident Date 28/01/2018 Survey held at JKS MOTOR WORKS PTE LT 8 KAKI BUKIT AVE 4 #03-46 PREMIER @ KAKI BU SINGAPORE 415875 A) THE INSPECTION WAS CONDUCTED ON A "A) THE REPAIR ESTIMATE WAS NOT PRESENT	Conditions of Tyres Size Make R/H Front Tyre L/H Front Tyre R/H Rear Tyre L/H Rear Tyre Description of Damages General Information Accident Date 28/01/2018 Inspection Date Survey held at JKS MOTOR WORKS PTE LTD 8 KAKI BUKIT AVE 4 #03-46 PREMIER @ KAKI BUKIT		

THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE.

C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.



Your Ref:

SLU1893E

Our Ref :

AEMD/105/009/2018/008

Date :

1 February 2018

SPF Accidents Claims Section Automotive Engg & Mgmt Div Police Logistics Department No. 1 Mount Pleasant Road Block 8 Old Police Academy #02-12 Singapore 298333

Tel: 64784840 Fax: 64784848

Via Fax only: 62564315

M/s LKK Auto Consultants Pte Ltd Paya Ubi Industrial Park 51 Ubi Avenue 1 #01/02-25 Singapore 408933

Dear Sir/Madam,

3

ACCIDENT ON 28 JANUARY 2018 INVOLVING GOVT VEH QX674C AND OTHER VEH SLU1893E

We refer to the above matter.

2 Please arrange for an Pre Repair Inspection of vehicle no. SLU1893E at M/s J.K.S. Motorworks.

For appointment kindly contact Mr Enriquez Leslie at HP: 96635403.

Estimates were not provided by the workshop.

5 Thank you.

Yours sincerely,

Abdul Rahman

Accident Claims Officer for Assistant Director MVA318013749 / VAC - Kaki Bukit ENTRY DATE & TIME: 29/01/2018 11:32 SUBMITTED BY: Norhaini Bie Abdul Majid

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 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.

- 6. This 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 the report being made available

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А	С	CI	υ	ΕN	ш	51	ΑI	HΚ	MEN	ш

Date Of Report

29/01/2018 11:32

Date Of Accident

28/01/2018 11:30

Exact Location Of Accident

CIRCUIT ROAD (NEAR CIRCUIT ROAD HAWKER CENTRE)

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLU1893E

Insured/Policyholder

Country/State of Loss

Name Of Registered Owner

JEFFREY LOKE KIN LOONG

NRIC No

S1225536E

Email Address

NOEMAIL

Mobile Phone No

(LOCAL) +65-83665758

Alternative Phone No

OFFICE-83665758

Vehicle Particulars

Manufacturer

TOYOTA

Model

SIENTA HYBRID 1.5G AUTO

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? If No, Please state action to be taken

THIRD PARTY

Vehicle Category

PRIVATE CAR

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

5095657967 CLASSIC

Cover Note Number

Driver

Name of Driver

JEFFREY LOKE KIN LOONG

NRIC No

S1225536E

Date Of Birth

12/03/1957

Occupation

OUTDOOR

Date Of Driving Pass

15/11/1977

Driving Experience

40 YEARS AND 2 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-83665758

Fax Number

Contact Number

OFFICE-83665758

EMail Address

NOEMAIL

Page 1 of 15

Address

BLK 520 #02-196 SERANGOON NORTH AVENUE 4

Postcode

550520

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

NO

Was any body injured in the Accident? 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)

2

Passenger 1

NAME:

: SALLY LIM NAI YONG

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police? If Yes. Please state which Police Station

YES

Police Station Name

SERANGOON NORTH NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 108 SERANGOON NORTH AVENUE 1 #01-709 , POSTCODE:

550108, COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-2849999 - FAX NO: 63431742

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

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

QX674C

Vehicle Make/Model/Colour

FORD EVEREST 3.0 TDCI AUTO 5DR 4WD_EXTN

Details Of Properties

Vehicle Category

GOVERNMENT

Name of Driver

BERNARD TEO (T130168)

NRIC/Passport Number

Contact Number

Address

Postcode

Page 2 of 15

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

20. 8

- 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 in 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.
- 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 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
 - 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 the to bring about delivery of the same as well as on the external cover of envelopes/mei packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- a6 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 their 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 complie 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.
 - 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 i Salykuri Date & Tierie

2 9 JAN 2018

Driver's Signature
If drawn is not the policytoxer)
Cate & Fire

IDAC KAKI BUKIT (VAC)
23 Koki Bukit Ave 4
Singopore 415933
Tel: 67416697 Fax: 67492305
Emoil area b@singnetcom.se

Sketch Plan #2

SKETCH PLAN	897E	
	C×67	46
DESCRIBE CIRCUMSTANCES OF T	HE ACCIDENT	
Refer	TO	
	Police Report	
DECLARATION //We decaye the foregoing particular	s and true or every respect	23 Kaki Bukit (VAC) 23 Kaki Bukit Ave 4 Singapore 415933 Tel: 67416697 Fax: 67492305 Email: yackb@singnet.com.so
2 9 JAN 2018	proves Signature of driver a contitle powerfunders Date & Time	the province of the province o



Ref No:

JKS MOTOR WORKS (ACCIDENT CLAIMS) PTE LTD

8 KAKI BUKIT AVENUE 4, #03-46, Premier @ Kaki Bukit, Singapore, 415875

CO REG & GST No.: 201529104D TEL: 67026828 FAX: 6702 6829

EMAIL: admin@jksmotorworks.com.sg

96635403

SPF ACCIDENT CLAIMS SECTION Attn:

QX674C

TP SPF Kieo Chua

QUOTATION NO. :

JKSQUOT010

DATE:

30 JAN 2018

RE: Quotation for SLU1893E TOYOTA SIENTA

	Description		Qty	MOU	Repairer's Estimate	Revised Amount (Less 25%)
	and purpose and and		3	PC	540.00	405.00
1	REAR BUMPER MOULDING LAT		1	PC	200.00	150.00
2	REAR BUMPER MOULDING COT REAR BUMPER RH SIDE RETAINER AL		1	PC	75.00 /	56.25
3	REAR BUMPER LH SIDE RETAINER		1	PC	75.00 1	56.25 +
4	REAR BUMPER RH REFLECTOR	240	1	PC	62.00 X	46.50 +
5	DE LO DUMADED SUIDÉ ALL	072	10	PCS	65.00 30 ·	18.75
7	REAR TAIL LAMP FLEN HN	633.75	1	PC	430.00×	322.50 ≱
8	REAR RH TAIL LAMP CLIPS		2	PCS	13.00 Y	9.75 +
9	REAR RH FENDER REAL		1	PC	740.00 4	555.00 t
10	7		1	PC	75.00 ₹	56.25 ₹
11	REAR RH FENDER INNER COWLING CLIPS		10	PCS	65.00 4	48.75 €
	LABOUR					300
	TO REMOVE / REFIX / KNOCK / REPLACE PARTS AFFE BY THE ACCIDENT	CTED	1	SRV	600.00	600.00
12	BI THE ACCIDENT					400
	TO SPRAY PAINTING ON REAR BUMPER, RH REAR FE AND PORTIONS AFFECTED BY THE ACCIDENT	NDER	1	SRV	600.00	600.00
13		700	2	COLL	00.00	90 na- €
14	TO REMOVE / REFIX REVERSE SENSORS	180	1	SRV	80.00	80.00-3-
15	TO APPLY TUFF-KOTE ON ACCIDENT PORTION		1	SRV	60.00	60.00 X.
10	TO CHECK WIRING		4	SRV	50.00	50.00 30

Total Amt Due:

\$ 3,730.00 \$ 3,145.00

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 and 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:

1/3 Adrian Lig total 143.75 05/02/18. W/S: 1.1K.



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Affiliated to Federation Internationale Des Experts En Automobile

Ref : CS/SPF18002019/Aqbn2 AUTOMOTIVE ENGINEERING & MGT DIVISION

ACCIDENT CLAIM SECTION (SINGAPORE POLICE FORCE)

Date: 06-04-2018

1 MOUNT PLEASANT ROAD BLK 8 OLD POLICE ACADEMYSINGAPORE 298333



1.		Policy Particula	rs :- THIRD PARTY CLA	IM	
	Insured Veh.	QX 674C	Veh. Inspected	SLU 1893E	
	Policy No.		Coverage (\$)	0.00	
	Claim No.	AEMD/105/009/2018/008	Excess (\$)	0.00	
	Assign From	ABDUL RAHMAN	Assign Date	01/02/2018	
2.		Vehicle Pa	rticulars & Condition		
	Make & Model	TOYOTA SIENTA	c.c	1496	
	Engine No.	HIDDEN	Year of Reg.	2017	
	Chassis No.	NHP1707068903	Colour	SILVER	
	Odometer	4128	Steering	IN ORDER	
_	Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
	General	GOOD			
3.		Con	ditions of Tyres		
		Size	Make	Balance	
	R/H Front Tyre	185/60 R15	BRIDGESTONE	6 mm	
	L/H Front Tyre	185/60 R15	BRIDGESTONE	6 mm	
	R/H Rear Tyre	185/60 R15	BRIDGESTONE	6 mm	
	L/H Rear Tyre	185/60 R15	BRIDGESTONE	6 mm	
4.		Descri	ption of Damages		
	THE VEHICLE SU	STAINED DAMAGES AT THE	REAR O/S PORTION.		
	DAMAGES SEE D	ETAILS.			
5.			eral Information		
22900	Accident Date	28/01/2018	Inspection Date	05/02/2018	
	Survey held at	JKS MOTOR WORKS PTE I	.TD		
		8 KAKI BUKIT AVE 4 #03-46 PREMIER @ KAKI B SINGAPORE 415875	UKIT		
5a.			Remarks		
	A)THE INSPECTI B)IN ACCORDAN	ON WAS CONDUCTED ON A" CE TO YOUR INSTRUCTIONS	S, WE HAVE NOT AUTHOR	ASIS. ISED REPAIRS.	
5b.		The state of the s	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

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLU 1893E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	REAR BUMPER	DEFORMED	540.00	540.00
1	REAR BUMPER MOULDING	сит	200.00	200.00
1	REAR BUMPER RH SIDE RETAINER	NECESSARY	75.00	75.00
1	REAR BUMPER LH SIDE RETAINER	NOT NECESSARY	75.00	
1	REAR BUMPER RH REFLECTOR	NOT NECESSARY	62.00	_
10	REAR BUMPER CLIPS	NECESSARY	65.00	30.00
1	REAR TAIL LAMP	NOT NECESSARY	430.00	
2	REAR RH TAIL LAMP CLIPS	NOT NECESSARY	13.00	_
1	REAR RH FENDER	TO REPAIR SEE LABOUR	740.00	-
1	REAR RH FENDER INNER COWLING	NOT NECESSARY	75.00	
10	REAR RH FENDER INNER COWLING CLIPS	NOT NECESSARY	65.00	
	LESS 25% DISCOUNT		-585.00	-211.25
			1,755.00	633.75
	LABOUR			
	TO REMOVE/REFIX/KNOCK/REPLACE PARTS AFFECTED BY THE ACCIDENT.INCLUSIVE OF THE REPAIR OF REAR RH FENDER.		600.00	300.00
	TO SPRAY PAINTING ON REAR BUMPER,RH REAR FENDER AND PORTIONS AFFECTED BY THE ACCIDENT.		600.00	400.00
	TO REMOVE/REFIX REVERSE SENSORS.		80.00	50.00
	TO APPLY TUFF-KOTE ON ACCIDENT PORTION.	NOT NECESSARY	60.00	_
	TO CHECK WIRING.		50.00	30.00
			1,390.00	780.00
	GRAND TOTAL		3,145.00	1,413.75
	RECOMMENDED COST OF LUMP SUM REPAIRS			1,100.00

Report Ref No. CS/SPF18002019/Aqbn2

ADRIAN LING WAI PING

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

(TO ITS PRE-ACCIDENT CONDITION)

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 contact or tori, is accepted to any third party who may reply on the Report wholly or in part, Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.