

Kalvin

NS/INC18002269/KIRbnz

ASSIGNMENT

SHB6244T 764 216

Estimate/Case  
CD/TP/WS/TP RES/CD RES/EVA/INV/INV  
To inspect vehicle at  
at Workshop no  
Insured SJX 2481L  
Policy No 5092122396 040717 - J30518  
Claims No MT10981519-001  
Sum Insured Excess  
Client's Record  
Make of Vehicle

Truck/Trailer or  
Make Toyota Prius DO 1798  
Colour Blue DO Ins 6 Std N/A  
St Reading 217035 T Read Ins 6 Std N/A  
Eng No  
Chassis JTOKBJF45035 31138  
Gen. Cond: Good / Fair / Poor / Burnt  
Steering: In / Out / Jammed / Locked / Burnt or  
Brake: In / Out / Jammed / Locked / Burnt or  
Mod: Nil / SRim / STD / G / Rim or  
Tyre Size R 195/65R15  
R

Policy Condition  
Remark: The veh had commenced its repair at the time of inspection.  
Bell or Market Value  
D.O. Accident Report Consistent? : Yes or No  
D.O. PR Seen Consistent? : Yes or No  
Est. Repairs days Rest: Yes or No  
Lum Sum % G Val: Yes or No  
CA / REV / REP / 24 HRS  
Date Person Contacted  
Vehicle: IN / OUT

NS	OIS

ES / DUN / EXNOVA / GY / PS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or  
Front  
R Bal 7  
L Bal 7  
D.O.A. 2/2/8  
Survey held at CDE (bun)  
Des. of Damages: Fr / Rear / OIS / NIS / UIC / Rooftop or  
Rear o/s  
The UIC / Chassis frame / Body Structure affected due to collision

Date Time Action / Instruction  
SHB 6244T - N8A / INC16010547 / KL  
SJX 2481L - X  
7/2/18 Indemn P/P \$921.75 / 2 hrs  
DUA: 130516 ZM  
PP

RECEIVED 08 FEB 2018

Date Time File Pass or  
typst  
Date Time File Return or  
Report Format TP  
Sum 921.75  
Days Of Repair 2  
Resurvey No. of Trip 1  
Survey Fee  
Transcription  
Add Fee  
Est. Ret  
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/INC18002269/K1rb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 05-02-2018

189556



Code: INC4

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJX 2481L	Veh. Inspected	SHB 6244T
Policy No.	5092122396	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	05/02/2018

## 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	02/02/2018	Inspection Date	05/02/2018
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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eBaoTech

General Claim

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"/>	5092122396	FEISAL B ABDUL RAHMAN	S7143263G	GPC	drive CLASSIC	SJX2481L	SJX2481L	04/07/2017	25/05/2018

TP Claims against NTUC Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident
1	MT/0981516-001	COMFORT TRANSPORTATION PTE LTD	SHC 8582Z	SKF 3224P	01/02/2018
2	MT/0981519-001	COMFORT TRANSPORTATION PTE LTD	SHB 6244T	SJX 2481L	2/2/2018
3	MT/0981075-003	COMFORT TRANSPORTATION PTE LTD	SHD 3883H	YP 975G	30/1/2018
4	MT/0980815-002	CITY CAB PTE LTD	SHA 8343H	GY 1953D	1/2/2018
5	MT/0981523-001	COMFORT TRANSPORTATION PTE LTD	SHA 4608X	SLM 2957R	2/2/2018
6	MT/0980875-002	CITY CAB PTE LTD	SHA 9261D	SJS 5966L	3/2/2018

## 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 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	02/02/2018 16:58
Date Of Accident	02/02/2018 14:15
Exact Location Of Accident	SIDE RD ALONG MASJID PUSARA AMAN > JALAN BAHAR
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB6244T
<b>Insured/Policyholder</b>	
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	TOYOTA
Model	PRIUS HYBRID 4G
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	MCOM0015
Cover Note Number	

### Driver

Name of Driver	ZAMRI BIN MOHD
NRIC No	S7728775B
Date Of Birth	26/10/1977
Occupation	OUTDOOR
Date Of Driving Pass	17/07/1998
Driving Experience	19 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	GTSCOACH77@GMAIL.COM

Address	BLK 635 YISHUN STREET 61 #11-70
Postcode	760635
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	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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

REFER 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	SJX2481L
Vehicle Make/Model/Colour	TOYOTA VIOS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	FEISAL BIN ABDUL RAHMAN
NRIC/Passport Number	S7143263G
Contact Number	96751517
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT LH
No. Of Passenger (Including Driver)	

# **IMPORTANT NOTICE**

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5. Any false reporting may be referred to the Police for investigation.
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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  
 01-6060 0000

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/IAAC SketchPlanForm\_V2

SKETCH PLAN

MASJID PUSARA AMAN SIBE RD  
TWOBS JALAN BAHAR.

A: SHB6244T  
B: SJX 2481L  
TOYOTA  
FEISAL BIN ABDUL  
RAHMAN  
IC 571432636  
HP 96751517

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

Policyholder's Signature

Date & Time:

Car Model: Toyota Proton Form 1.0

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





Date/Time: 05.02.2018 08:08

Page : 1

Job: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO 305113193

Customer Name: COMFORT TRANSPORTATION PTE LTD  
Customer No: 7010045  
Address: 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
Phone: 65508755 (O)  
(R)  
(P)

REGN NO:	SHB6244T	MILEAGE
MAKE:	TOYOTA	FUEL
MODEL:	PRIUS HYBRID(G4)02	E.....1/2.....F
YR OF MANU:	07.10.2016	DATE/TIME IN
CHASSIS CODE:	JTDKB3FU503531238	TARGET DATE
		COMPLETION DATE/TIME:

Job Card No.

## JOB DESCRIPTION

Accident Date: 02.02.2018  
Nature: 3P 02.02.18

/NO LABOR CODE DESCRIPTION

Worked & Passed Out By:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Worked on Slip

Exit Pass

No.: SHB6244T

LIMITS

Vehicle No.: SHB6244T

Signature/Date

Signature/Date

Name of Service Advisor

Date

Worked on Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD  
REPAIR ESTIMATE

VEHICLE NO : SHB 6244T

MAKE :

MODEL : TOYOTA PRIUS

NTUC - P/P

5/2/2018

TS

LKK - Calvin

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT	
REAR BUMPER <i>Paint</i>			\$ 458.60	
REAR BUMPER RE-INFORCEMENT <i>Xsu</i>			\$ 318.80	
REAR BUMPER UNDER COVER <i>Xsu</i>			\$ 552.60	
REAR BUMPER SIDE RETAINER <i>Xsu</i>			\$ 112.70	
REAR BUMPER SPONGE <i>X</i>			\$ 143.40	
REAR BUMPER UNDER SIDE COVER (RH) <i>Xsu</i>			\$ 167.60	
REAR BUMPER UNDER SIDE CENTRE COVER <i>Xsu</i>			\$ 552.60	
REAR BUMPER CLIPS <i>new</i>			\$ 22.00	
RETAINER, REAR BUMPER, SIDE, RH <i>Xsu</i>			\$ 94.80	
SEAL, REAR BUMPER SIDE, RH <i>new</i>			\$ 148.40	
SUB TOTAL			\$ 2,571.50	
LESS 25%			\$ 642.88	
DISCOUNTED TOTAL			\$ 1,928.63	
REAR BUMPER REVERSE SENSOR <i>X</i>			\$ 135.70	NETT
REAR BUMPER RUBBER MAT <i>new</i>			\$ 50.00	NETT
			\$ 185.70	
Labour Charge				
Panel Beating			\$ 350.00	<i>200</i>
Spray Painting Charge			\$ 200.00	<i>180</i>
Wiring Charge			\$ 50.00	<i>X</i>
Remove/Refix Reverse Sensor			\$ 120.00	<i>20</i>
TOTAL LABOUR			\$ 720.00	
ESTIMATE TOTAL			\$ 2,834.33	

*K. L. Calvin*  
*5/2/18 1015hrs.*  
*2 days.*  
*P/P*  
*Before Paint 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:

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.

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

JOB NO : 305113193  
REGN NO : SHB6244T  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID(G4)  
DATE OF REGN : 07.10.2016  
DATE/TIME IN : 02.02.2018 16:00  
ACCIDENT DATE : 02.02.2018

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0302-2282-G	REAR BUMPER	1	458.60	25.00	343.95
0002 04-01-0302-2267-G	REAR BUMPER CLIPS	10	22.00	25.00	16.50
0003 04-01-0302-2965-G	REAR BUMPER SIDE SEAL RH	1	148.40	25.00	111.30

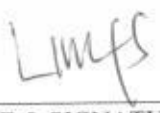
SUB-TOTAL : 471.75

## JOB NATURE

0000 L	PANEL BEATING	200.00
0001 20-05	REAR BUMPER MAT	50.00
0002 23-502	SPRAYPAINT ON AFFECTED AREA	180.00
0003 L	R/I REVERSE SENSOR	20.00

SUB-TOTAL : 450.00

TOTAL : 921.75

  
MVA NAME & SIGNATURE  
DATE :

\_\_\_\_\_  
SURVEYOR NAME & SIGNATURE  
DATE : AUTHORIZED : YES / NO

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305113193

Date : 07/02/18

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHB6244T

Date of Accident : 02-Feb-18

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

1. The repair job shall bill to: NTUC --- SJX2481L
2. The finalized amount shall be:
 

(a) Spare Parts after List discount	\$471.75
(b) Labour Charges	\$450.00
<b>Total for Part-By-Part Repair Cost</b>	<b>\$921.75</b>
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: 20%	_____
<b>Final Lumpsum Repair cost</b>	_____
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 : LIM T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : KALVIN

Date : 7/2/18

## 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:

\_\_\_\_\_

\_\_\_\_\_



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/INC18002269/K1rbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 13-02-2018



Code: INC4

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJX 2481L	Veh. Inspected	SHB 6244T
Policy No.	5092122396	Coverage (\$)	0.00
Claim No.	MT/0981519-001	Excess (\$)	0.00
Assign From		Assign Date	05/02/2018

### 2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	JTDKB3FU503531238	Colour	BLUE
Odometer	217035	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65 R15	BRIDGESTONE	7 mm
L/H Front Tyre	195/65 R15	BRIDGESTONE	7 mm
R/H Rear Tyre	195/65 R15	BRIDGESTONE	7 mm
L/H Rear Tyre	195/65 R15	BRIDGESTONE	7 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.
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### 5. General Information

Accident Date	02/02/2018	Inspection Date	05/02/2018
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:	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



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### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 6244T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR BUMPER	DEFORMED	458.60	458.60
1	REAR BUMPER RE-INFORCEMENT	SERVICEABLE	318.80	-
1	REAR BUMPER UNDER COVER	SERVICEABLE	552.60	-
1	REAR BUMPER SIDE RETAINER	SERVICEABLE	112.70	-
1	REAR BUMPER SPONGE	NOT NECESSARY	143.40	-
1	REAR BUMPER UNDER SIDE COVER (RH)	SERVICEABLE	167.60	-
1	REAR BUMPER UNDER SIDE CENTRE COVER	SERVICEABLE	552.60	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	RETAINER, REAR BUMPER, SIDE, RH	SERVICEABLE	94.80	-
1	SEAL, REAR BUMPER SIDE, RH	CRACKED	148.40	148.40
	LESS 25% DISCOUNT		-642.87	-157.25
			1,928.63	471.75
<b>SPECIAL NETT ITEMS</b>				
1	REAR BUMPER REVERSE SENSOR (SN)	NOT NECESSARY	135.70	-
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			185.70	50.00
<b>LABOUR</b>				
	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
<b>GRAND TOTAL</b>			<b>2,834.33</b>	<b>921.75</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>921.75</b>

Report Ref No. NS/INC18002269/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

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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.