



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/INC18002725/K1qb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 10-02-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SGE 2404X	Veh. Inspected	SH 6753D
Policy No.	5058648851-04	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	09/02/2018

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	08/02/2018	Inspection Date	09/02/2018
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.

Survey Department Check List (Case Handler)

Reference No.: *NS/INC/8002725/RI 96*
 Policy Type: *OD / TP / RES / TL / EVA*

SH 6753D

Case Handler

Typist

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

(1) Office Assign Form

- C Reference No.
- C Customer Code
- N Assign From
- C Assign Date
- C Veh No (Inspected)
- C Veh No (Insured)
- C D.O.A
- C Policy No
- C Claim No
- C Insurance Authorisation (CA /REV/REP)
- C Report Type
- C Weekend Charges
- N Survey held at/Repairer
- C Excess

Y-Date	N-Date	Y-Date	N-Date
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
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<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

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

(1) Assignment Form

- 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

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

(2) System - (Views/Merimen)

- C Damaged Vehicle Photographs Uploaded

<input checked="" type="checkbox"/>		
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(3) Workshop Estimate/Assignment Form

- 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

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

(4) System - (Views/Merimen)

- C Resurvey photo Uploaded

<input checked="" type="checkbox"/>		
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Check By:

Cath *13/7/18*

Case Handler

Date

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	Estimate	Tentative repair cost
1	MT/0981823-002	COMFORT TRANSPORTATION PTE LTD	SHC 1218Y	SLH 631ST	08/02/2018	\$ 1,570.56	\$ 1,240.56
2	MT/0981400-002	COMFORT TRANSPORTATION PTE LTD	SH 6491J	SJV 7934A	06/02/2018	\$ 13,598.68	\$ 6,050.00
3	MT/0981548-002	COMFORT TRANSPORTATION PTE LTD	SHA 5720Y	XD 7294S	07/02/2018	\$ 3,831.28	\$ 2,450.00
4	MT/0982165-001	COMFORT TRANSPORTATION PTE LTD	SHA 3116E	SJD 825Y	06/02/2018	\$ 2,744.72	\$ 600.00
5	MT/0982166-001	COMFORT TRANSPORTATION PTE LTD	SHC 3093B	SJE 5741S	06/02/2018	\$ 1,491.81	\$ 250.00
6	MT/0982171-001	SMRT TAXIS PTE LTD	SHF 222A	SJR 8859Z	24/01/2018	\$ 1,136.00	\$ 460.00
7	MT/0980814-002	COMFORT TRANSPORTATION PTE LTD	SHD 3596L	FW 9183D	02/02/2018	\$ 3,693.63	\$ 2,670.18
8	MT/0981591-002	COMFORT TRANSPORTATION PTE LTD	SH 6753D	SGE 2404X	08/02/2018	\$ 1,797.40	\$ 1,250.00
9	MT/0981398-002	COMFORT TRANSPORTATION PTE LTD	SHC 2157H	SLR 6449M	07/02/2018	\$ 6,534.58	\$ 3,150.00

Claim received from LKK Auto

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"/>	5058648851-04	AFTAB FAIZY HAIDER	S2727613Z	GPC	Third Party, Fire & Theft	SGE2404X	SGE2404X	13/03/2017	12/03/2018

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 09/02/2018 10:27
 Date Of Accident 08/02/2018 13:55
 Exact Location Of Accident GEYLANG RD X LOR 15 GEYLANG
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SH6753D
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 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 CHEW CHAM BENG
 NRIC No S1259972B
 Date Of Birth 04/07/1957
 Occupation OUTDOOR
 Date Of Driving Pass 31/05/1980
 Driving Experience 37 YEARS AND 8 MONTHS
 Gender MALE
 Mobile Number
 Fax Number
 Contact Number
 EMail Address NOEMAIL

Address	BLK 569A CHAMPIONS WAY #05-316
Postcode	731569
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 ON COLLISION
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)	3
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE

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 REFER TO 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	SGE2404X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SAAD HAIDER
NRIC/Passport Number	S9873015Z
Contact Number	91520486
Address	
Postcode	

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

FRT LEFT

No. Of Passenger (Including Driver)

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. 199303821R

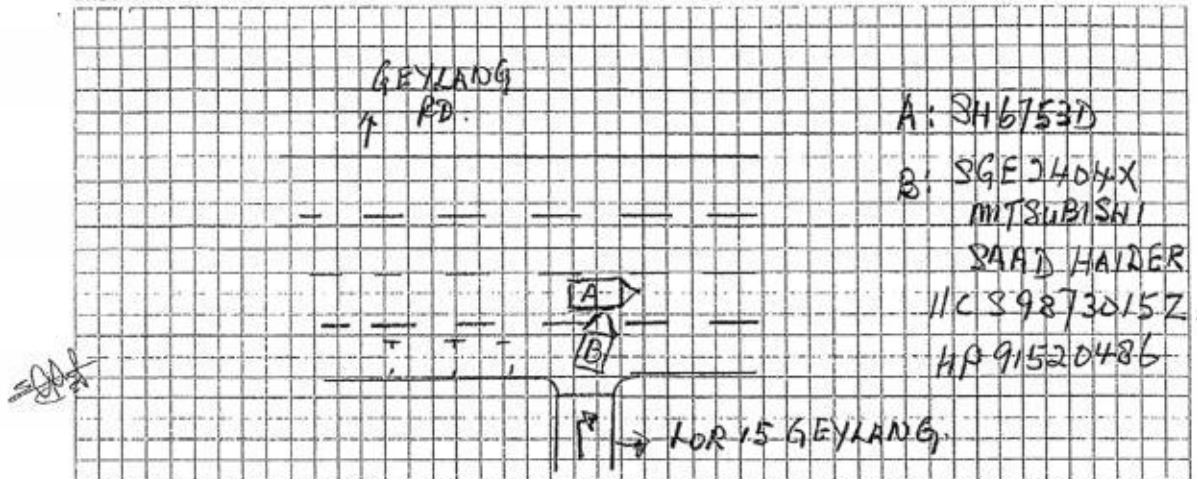
Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 2

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
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

09/02/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GNP/AC SketchPlanForm_12

Describe Circumstances of the Accident

On 08 Feb 2018 at about 13:55 hrs I was slowly driving straight on the second lane from the right along Geylang Rd leading towards the direction of the City.

As I was about to drive pass Lorong 15 Geylang which is on my right suddenly I felt an impact coming from the right hand side front door of my taxi followed by a jerk.

Shortly after I stopped my taxi and stepped out to check.

I found that a white Mitsubishi car SGE2404X had driven out from Lorong 15 Geylang in a careless manner and caused this accident to happen.

In the process the front left of the car hit the right hand side front door of my taxi.

02 lady passengers on board my taxi. No injury at the point of the accident.

Enclosed is a video footage to support my claims.

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

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

09/02/18 
Witnessed by Reporting
Centre Personnel

Team: ARC Repair TP(CLS0)1 JOB CARD Sales Order: JC NO. 305115330

CUSTOMER		REGN NO.	MILEAGE
COMFORT TRANSPORTATION PTE LTD		SH 6753D	
7010045		MAKE	FUEL
CUSTOMER NO.		HYUNDAI	E.....1/2.....F
ADDRESS		MODEL	DATE/TIME IN
383 SIN MING DRIVE		I-40	09.02.2018 09:40
Singapore SINGAPORE 575717		YR OF MANU	TARGET DATE
65508755		15.10.2015	
L. (R) (P)		CHASSIS CODE	COMPLETION DATE/TIME
		KMHLB41UMGU078517	
SCOUNT CARD NO.			

Accident Date: 08.02.2018
NATURE: 3P 08.02.18

JOB DESCRIPTION

S/NO	LABOR CODE	DESCRIPTION
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CHECKED & PASSED OUT BY:			
SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
Acknowledgement Slip		Exit Pass	
e:		Vehicle No.: SH 6753D	
to.:			
le No.: SH 6753D		LIMTS	
Signature/Date		Date	
Signature/Date		Name of Service Advisor	
Signature/Date		To be kept by Security Guard	

REPAIR ESTIMATE*

MAKE :

DATE 9/2/2018

LKK - Kalvin

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Door (RH) <i>det</i>			\$ 1,403.00
	SUB TOTAL			\$ 1,403.00
	LESS 20%			\$ 280.60
	DISCOUNTED TOTAL			\$ 1,122.40
	Front Door Comfort Logo (RH) <i>nc</i>			\$ 75.00
	Labour Charge			
	Panel Beating			\$ 350.00 <i>200</i>
	Spray Painting Charge			\$ 200.00 <i>180</i>
	Tuff Kote			\$ 50.00 <i>20</i>
	TOTAL LABOUR			\$ 600.00
	ESTIMATE TOTAL			\$ 1,797.40
	<i>Kah' iKKY</i>			
	<i>11 9/2/0 1340hr</i>			
	<i>2 yrs.</i>			
	<i>U/s</i>			
	<i>After Repair photo</i>			
	<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 • Supplementary items must be approved and is subject to final approval by insurance company <p>Acknowledged by Repairer Signature: _____ Date: _____</p>			
<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.</p>				

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305115330
Date : 12/02/18

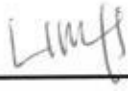
FINALIZATION FORM

To : LKK Fax :
Attn : KALVIN ANG
Vehicle Reg No. : SH 6753D Date of Accident : 08-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 --- SGE2404X
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: 20% \$1,250.00
Final Lumpsum Repair cost \$1,250.00
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 : LIM T S
Tel : 62148398
Fax : 65468156

Signature : 
Name : KALVIN
Date : 13/2/18

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/INC18002725/K1qbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 15-02-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SGE 2404X	Veh. Inspected	SH 6753D
Policy No.	5058648851-04	Coverage (\$)	0.00
Claim No.	MT/0981591-002	Excess (\$)	0.00
Assign From		Assign Date	09/02/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU078517	Colour	BLUE
Odometer	277993	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	WEST LAKE	7 mm
L/H Front Tyre	205/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	08/02/2018	Inspection Date	09/02/2018
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



Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 6753D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT DOOR (RH)	DENTED	1,403.00	1,403.00
	LESS 20% DISCOUNT		-280.60	-280.60
			1,122.40	1,122.40
	<u>SPECIAL NETT ITEMS</u>			
1	FRONT DOOR COMFORT LOGO (RH)(SN)	NECESSARY	75.00	75.00
			75.00	75.00
	<u>LABOUR</u>			
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		350.00	200.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		250.00	200.00
			600.00	400.00
	GRAND TOTAL		1,797.40	1,597.40
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			1,250.00

Report Ref No. NS/INC18002725/K1qbn2

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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