

REF: NS/TNC 13003689/Klvbn2

REF: NS/TNC 13003689/Klvbn2

ASSIGNMENT

From: _____ Date: _____
 Estimate/Post: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To: Inspect Vehicle No. _____
 at Workshop mis _____
 of _____
 Insured: **SJD 6928U**
 Policy No: **5090891147 06-06-17**
 Claims No: **MT/0983460-002**
 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

Bal. 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: **SHC 8578L** Yr Regn: **17 Dec 2017**
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: **Hyundai Z40** cc **1685**
 Colour: **Blue** A/C: Ins **0** Std / NI / NA
 Sp. Reading: **169770** T/Radio: Ins **0** Std / NI / NA
 Eng/No: _____
 Cl/No: **KMHLD414MH4082959**
 Gen. Cond: Good / **0** / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: **205/60R16**
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **Har K. K.**
 Front **7** mm R/Bal. **7** mm
 L/Bal. **7** mm L/Bal. **7** mm
 D.O.A. **23/2/8** D.O.I. **23/2/8**
 Survey held at **(O/E 6.7-9)**
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
N/S Front
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction	2550
26/2/18	Continued 45 \$2500/ 2 Pgs. (Red 1877-12, 4390) 2/16	4/16
	SHC 8578L - CS3/TC17001595/h3	09: 20012017
	SJD 6928U - X	

RECEIVED 01 MAR 2018

Date/Time, File Pass to? ☐ : Preli. Report

1) ☐ : Final Report

Date/Time, File Return to?

2) **1/3 - typist**

Days Of Repair: **2**

Resurvey No. of Trip: **1**

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Test (\$

Survey Fee:

Transportation:

\$ + R\$ \$

Photos

Other

160

35

195

LS 2550/2

Survey Department Check List (Case Handler)

Reference No. : NS/ INC 18003689/ Klvb
 Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

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

(1) Office Assign Form

		Y-Date	N-Date	Y-Date	N-Date
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				

Surveyor (): 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	✓			

(2) System - (Views/Merimen)

C	Damaged Vehicle Photographs Uploaded	✓			
---	--------------------------------------	---	--	--	--

(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				

(4) System - (Views/Merimen)

C	Resurvey photo Uploaded	✓			
---	-------------------------	---	--	--	--

Check By: VERON 1/3/18
 Case Handler Date

*C: Critical *N: Non-Critical

21/05/2014



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/INC18003689/K1vb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 26-02-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJD 6928U	Veh. Inspected	SHC 8578L
Policy No.	5090891147	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	23/02/2018

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

--

5. General Information

Accident Date	23/02/2018	Inspection Date	23/02/2018
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.
--

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident
1	MT/0984034-001	COMFORT TRANSPORTATION PTE LTD	SHA 1578T	PC 2508J	17/2/2018
2	MT/0983240-002	CITY CAB PTE LTD	SHC 7849L	SGF 8231H	21/2/2018
3	MT/0983930-002	COMFORT TRANSPORTATION PTE LTD	SHC 8739P	FBG 1944J	16/2/2018
4	MT/0983144-002	COMFORT TRANSPORTATION PTE LTD	SHA 4339Y	PA 8235S	16/2/2018
5	MT/0982985-002	COMFORT TRANSPORTATION PTE LTD	SHA 4519U	SJL 3341P	16/2/2018
6	MT/0982807-002	CITY CAB PTE LTD	SHD 8845K	SJH 994X	15/2/2018
7	MT/0983460-002	COMFORT TRANSPORTATION PTE LTD	SHC 8578L	SJD 6928U	23/2/2018
8	MT/0983588-002	CITY CAB PTE LTD	SHA 39P	SHD 2276S	26/2/2018
9	MT/0982777-002	CITY CAB PTE LTD	SHC 739S	SHC 6222B	14/2/2018
10	MT/0982554-002	COMFORT TRANSPORTATION PTE LTD	SH9778M	SJJ 8500A	15/2/2018
11	MT/0983265-002	COMFORT TRANSPORTATION PTE LTD	SH 7185L	GT 4037E	21/2/2018
12	MT/0982542-002	COMFORT TRANSPORTATION PTE LTD	SHC 3778J	SJR 3977Z	15/2/2018
13	MT/0983492-002	COMFORT TRANSPORTATION PTE LTD	SH 8772K	SJJ 6971L	23/2/2018
14	MT/0983425-002	COMFORT TRANSPORTATION PTE LTD	SHC 3943Z	FBG 7581J	22/2/2018
15	MT/0984043-001	COMFORT TRANSPORTATION PTE LTD	SHA 2563D	SKN 8654G	22/2/2018

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	<input type="text" value="23/02/2018 19:01"/>						
Vehicle No.(For Motor)	<input type="text" value="SJD6928U"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5090891147	KH LEASING PTE. LTD.	201611813C	GFT	drivo CLASSIC	SJD6928U	SJD6928U	06/06/2017	
<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 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	23/02/2018 11:40
Date Of Accident	23/02/2018 09:30
Exact Location Of Accident	FARRER RD TWDS QUEENWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8578L
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	
Driver	
Name of Driver	NG CHOON POOH
NRIC No	S1718797Z
Date Of Birth	03/08/1965
Occupation	OUTDOOR
Date Of Driving Pass	12/12/1983
Driving Experience	34 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 68 LORONG 5 TOA PAYOH #07-490
Postcode	310068
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	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	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)	2
Passenger 1	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

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	SJD6928U
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	84981714
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RH REAR

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. 199303821R

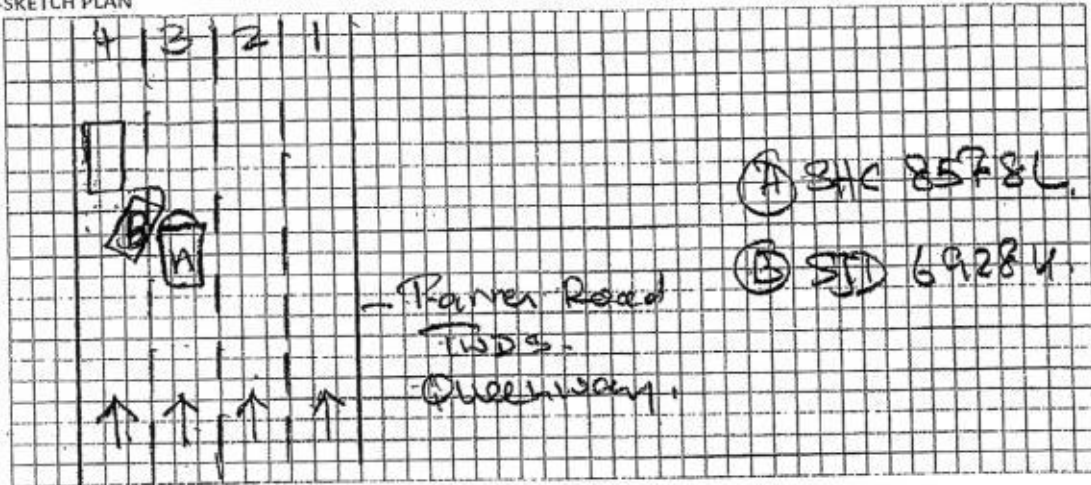
Policyholder's Signature
Date & Time:


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

23/2/18
Jackson Hong
CSO

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23/2/2018 at about 0930 hrs, I vehicle A was driving along Parren road toward Queen way on the third lane. Vehicle B came from my left. Suddenly swan into my lane and I couldn't brake in time. Collided with his vehicle B.

DECLARATION

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

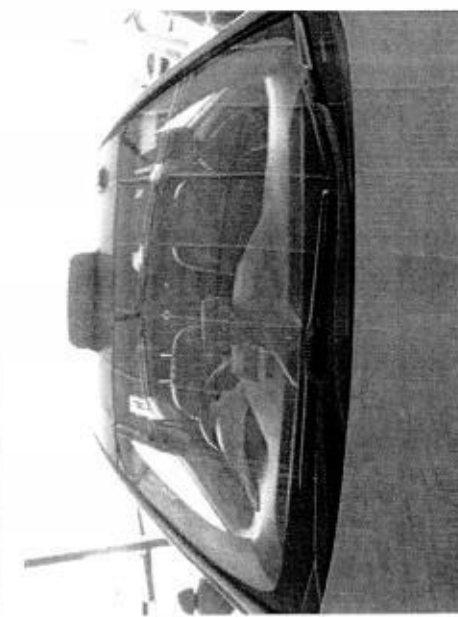
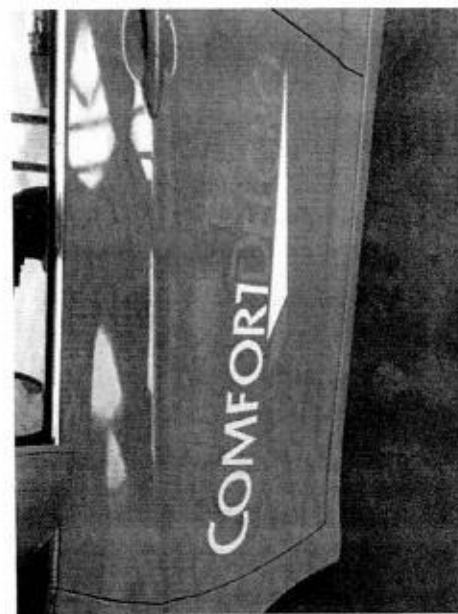
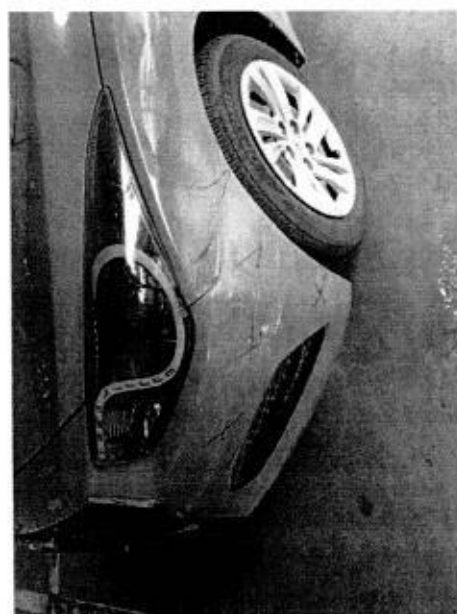
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature

Driver's Signature

23/2/18
Jackson Hong
CSO

Reporting Centre Personnel's Signature



Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO. 305119278

CUSTOMER

COMFORT TRANSPORTATION PTE LTD
7010045
CUSTOMER NO. 383 SIN MING DRIVE
ADDRESS Singapore SINGAPORE 575717
65508755

L. (R) (O)
(P)

SCOUNT CARD NO.

REGN NO.

SHC8578L

MILEAGE

MAKE

HYUNDAI

FUEL

E.....1/2.....F

MODEL

I-40

23.02.2018 10:40

DATE/TIME IN

YR OF MANU

17.12.2015

TARGET DATE

CHASSIS CODE

KMHLB41UMGU082959

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 23.02.2018

NATURE: 3P 23.02.2018

S/NO	LABOR CODE	DESCRIPTION
------	------------	-------------

NTUC - taxi Left front door

LKK/Falun -

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

at:

No.:

File No.:

SHC8578L

LARRY

Vehicle No.:

SHC8578L

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

To be returned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE*

MODEL : i40

[illegible]

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

Kalish 11/14 Page 1 of 1
N 23/2/8/ 135 hrs
2 Days
4/5
After Rpr photo

COMFORTDELGRO ENGINEERING

Our Job Ref No . 305119278

Date : 24.02.2018

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHC8578L

Date of Accident: 23.02.2018

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

1. The repair job shall bill to: NTUC SJD6928U

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 \$2,550.00

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 : Larry Ng

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature :

Name : K. L. L.

Date : 26/2/18

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:

**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 escribe

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18003689/K1vbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 05-03-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJD 6928U	Veh. Inspected	SHC 8578L
Policy No.	5090891147	Coverage (\$)	0.00
Claim No.	MT/0983460-002	Excess (\$)	0.00
Assign From		Assign Date	23/02/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU082959	Colour	BLUE
Odometer	169770	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	HANKOOK	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm

4. Description of Damages

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

5. General Information

Accident Date	23/02/2018	Inspection Date	23/02/2018
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.

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. SHC 8578L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER	DEFORMED	1,052.20	1,052.20
10	FRONT BUMPER CLIPS @\$2.20	NECESSARY	22.00	22.00
1	FRONT BUMPER TOP BRACKET-LH	SERVICEABLE	22.40	-
1	FRONT BUMPER BRACKET-LH	SERVICEABLE	24.60	-
1	HEADLAMP	GRAZED	1,388.00	1,388.00
1	HEADLAMP SUPPORT PANEL	SERVICEABLE	1,067.50	-
1	FRONT FENDER-LH	DENTED	619.00	619.00
1	WHEEL COVER-LH	SERVICEABLE	150.70	-
	LESS 20% DISCOUNT		-869.28	-616.24
			3,477.12	2,464.96
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		450.00	320.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		450.00	380.00
			900.00	700.00
GRAND TOTAL			4,377.12	3,164.96
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				2,550.00

Report Ref No. NS/INC18003689/K1vbn2



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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