

REF: NS/ENC18006024/Klvbn2

REF: NS/ENC18006024/Klvbn2

REF: NS/ENC18006024/Klvbn2

ASSIGNMENT

Front: _____ Date: _____
 Estimate of Cost: _____
 OD / TP RES / TP RES / OD RES / EVA / INV / MV

To Insp of Vehicle No:

at Workshop m/s

of

Insured: SCE 4477U

Policy No 50 22342904-10 050817-01818

Claims No MT/0988428-002

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 I- REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No:

SHA 4969D

Yr Regn:

30 Jun / 2015

Type: M.Car / M.Cycle / Bus / Van / Lorry / T.O. / Prime Mover /

Truck / Trailer or

Make:

Hyundai I40

1685

Colour:

Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

322894

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KMHLD4/UM 64075056

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: 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

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

2/4/8

D.O.A.

2/4/8

Survey held at

CDGE (Loyang)

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

SHA 4969D - 003/11617010659 / mlw392

DUT: 300517

INC

SCE 4477U - *

45.

3/4/8

Ltd L/S \$450/24hrs (Rec: 853.30, 657)

RECEIVED 05 APR 2010

Date/Time, File Pass to?



: Prel. Report

1)



: Final Report

Date/Time, File Return to?

2)

5/4 - typist

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech Insp (\$



: Other (\$

Survey Fee:

160

Transportation:

35

S + RS, SI

Photos

Other

195

Total Amount:

TP

Total Amount:

LS \$450/2



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/INC18006024/K1vb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 02-04-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SCE 4477U	Veh. Inspected	SHA 4969D
Policy No.	5022342904-10	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	02/04/2018

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	02/04/2018	Inspection Date	02/04/2018
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.
--

TP Claims against NTUC Income: Follow-Through Survey

Date : 04/04/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate	Tentative repair cost
1	MT/0984098-002	SMRT TAXIS PTE LTD	SHB 5366G	SKA 7181D	28/02/2018	\$ 7,797.23	\$ 2,550.00
2	MT/0988982-001	SMRT TAXIS PTE LTD	SHC 4926S	SIK 1772Y	19/03/2018	\$ 2,842.70	\$ 550.00
3	MT/0988428-002	COMFORTDELGRO	SHA 4969D	SCE 4477U	02/04/2018	\$ 1,303.30	\$ 480.00
4	MT/0988889-002	COMFORTDELGRO	SH 6484E	SIJ 4840K	31/03/2018	\$ 2,381.58	\$ 1,050.00
5	MT/0984196-002	SMRT TAXIS PTE LTD	SHC 4004C	GU 9556K	01/03/2018	\$ 10,777.84	\$ 3,750.00
6	MT/0987457-002	SMRT TAXIS PTE LTD	SHB 5197C	SLK 4501U	16/03/2018	\$ 5,230.50	\$ 920.00
7	MT/0981513-002	SMRT BUS	SMB 5057P	SLU 2644B	06/02/2018	\$ 1,540.00	\$ 700.00
8	MT/0981716-002	SMRT BUS	SG 5494M	SIJ 6853K	08/02/2018	\$ 1,927.00	\$ 1,590.00
9	MT/0985967-002	SMRT TAXIS PTE LTD	SHF 7E	SIM 542R	13/03/2018	\$ 12,384.10	\$ 4,284.50

Claim received from LKK Auto

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"/>	5022342904-10	JUNG HEE LEE PARK	52678736Z	GPC	Third Party, Fire & Theft	SCE4477U	SCE4477U	05/08/2017	04/08/2018

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	02/04/2018 13:55
Date Of Accident	02/04/2018 08:45
Exact Location Of Accident	SLIP ROAD FROM ULU PANDAN RD TO CLEMENTI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4969D
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	LEONG KING KIN
NRIC No	S0137014F
Date Of Birth	19/10/1954
Occupation	OUTDOOR
Date Of Driving Pass	22/07/1980
Driving Experience	37 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	28C 12-49 DOVER CRESCENT
Postcode	133028
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	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?	YES
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

SEE ATTACH.

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	SCE4477U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE CHEE WON
NRIC/Passport Number	M96880873
Contact Number	91784761
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

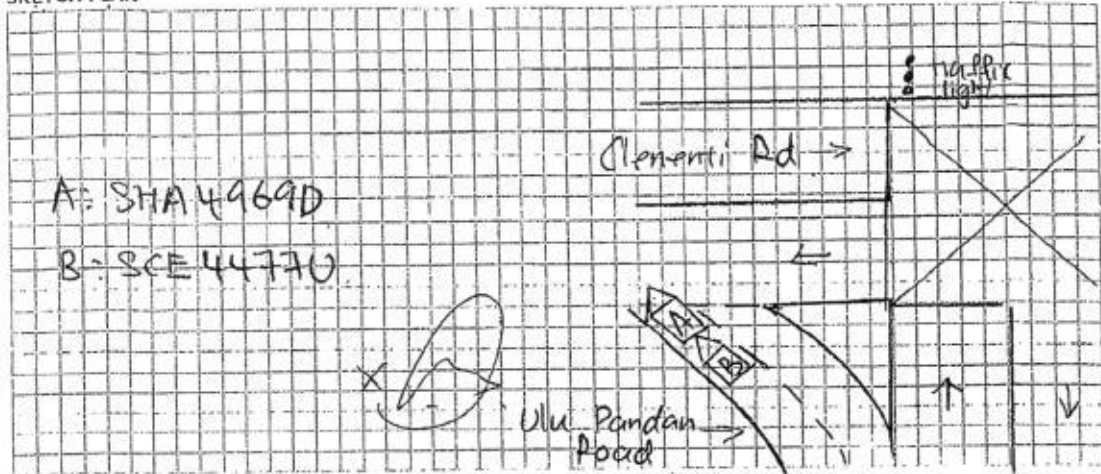
Name	AMRITA DE LA PENA
Approximate Age	
Injuries Sustain	BACK
Injured person in which vehicle?	SHA4969D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	LEONG KING KIN
Approximate Age	64
Injuries Sustain	NECK,BACK,SHOULDER
Injured person in which vehicle?	SHA4969D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 2/4/18 at about 08:45 hrs, my taxi stopped at the give way line from Ulu Pandan road to Clementi road.

While I waiting for traffic clear, I felt an impact came from my taxi behind. There is a car SCE 4477U collided onto the rear portion of my stationary taxi.

01 female passenger in my taxi, she felt pain on back after the accident. At side, I also felt pain on neck, back and shoulder will consult doctor later on.

DECLARATION

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

OMFORT TRANSPORTATION PTE LTD
CO REG. NO. 199303821R

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

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:

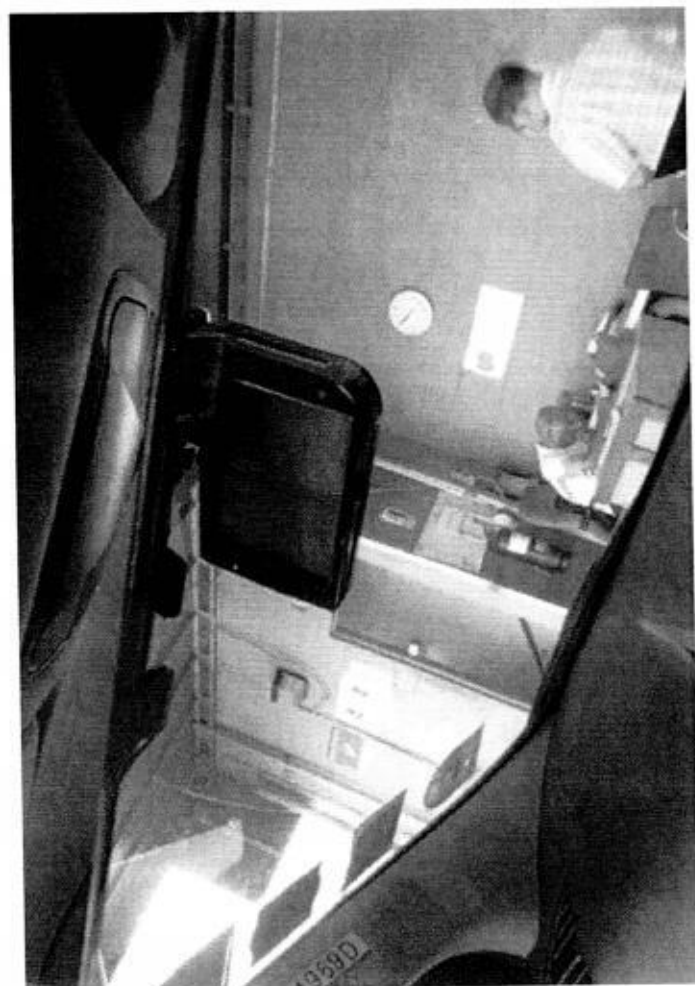
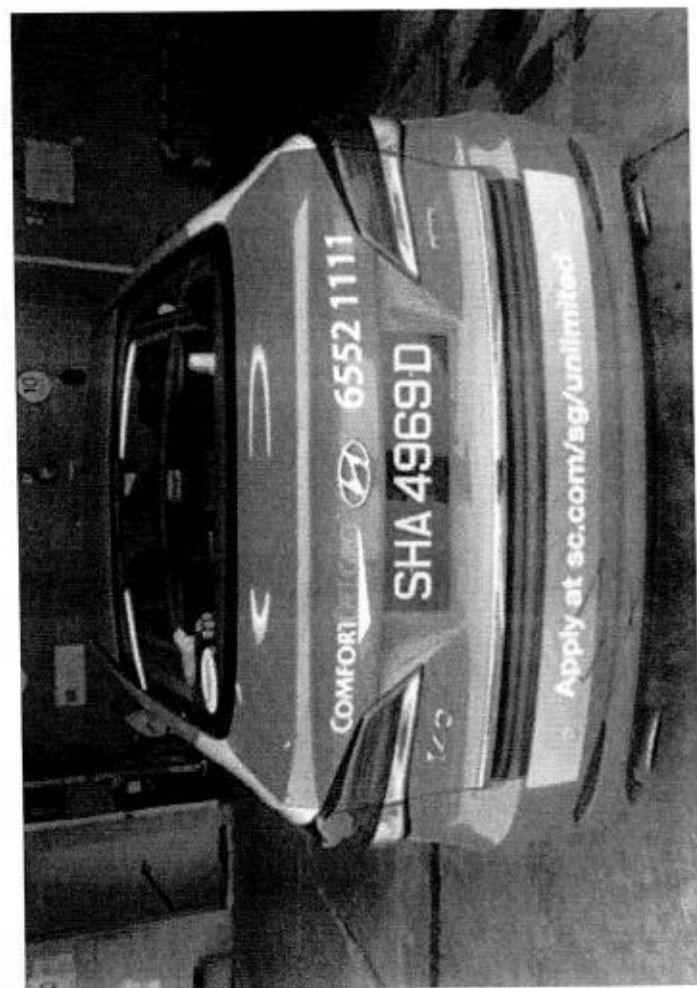
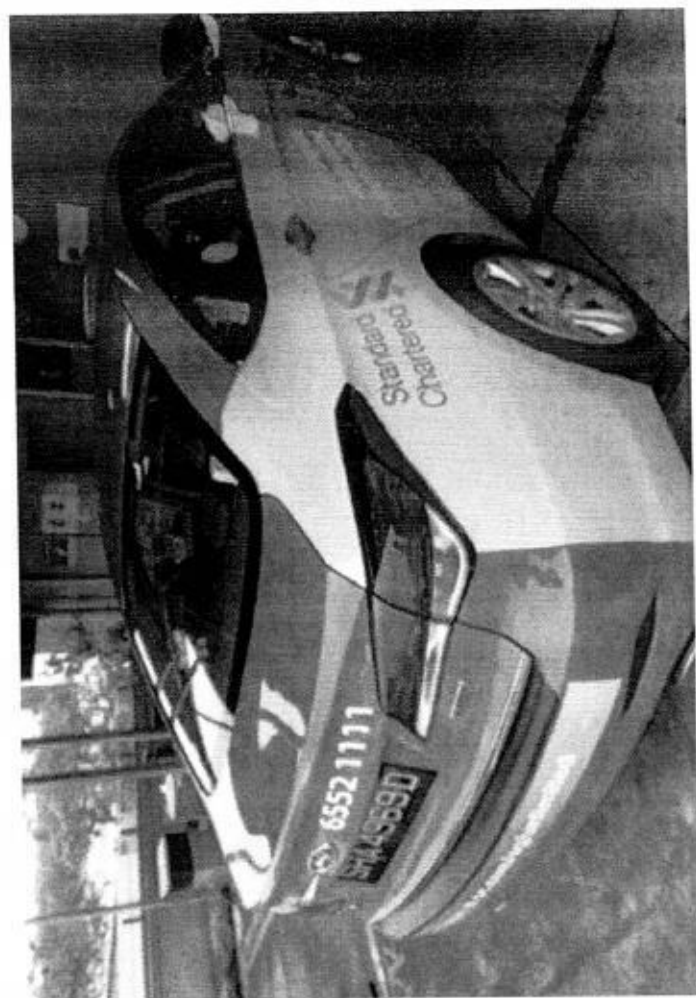
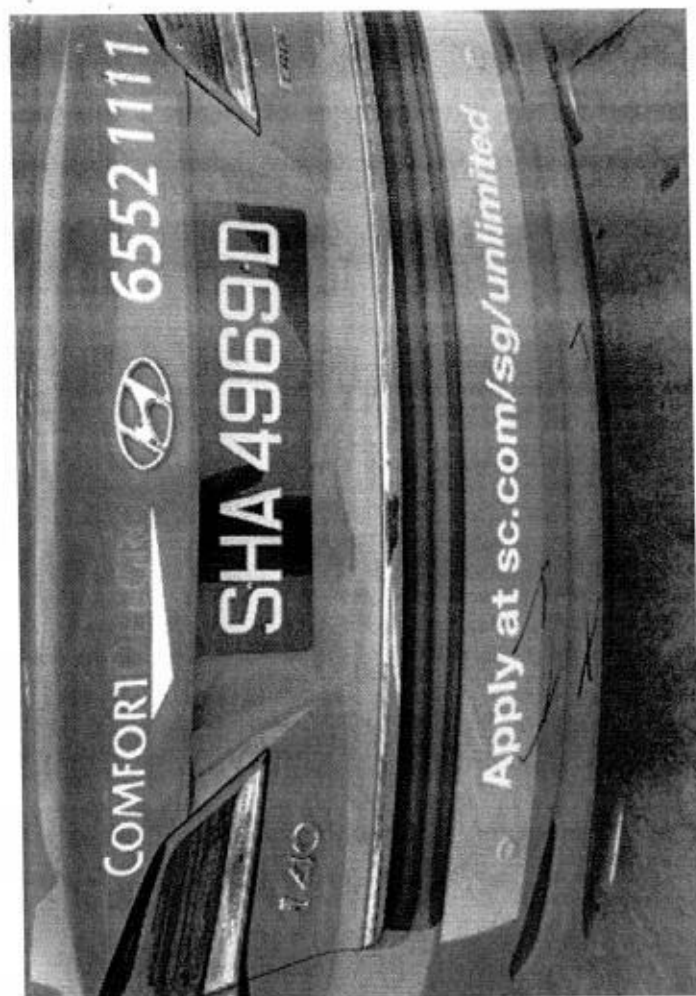
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "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.

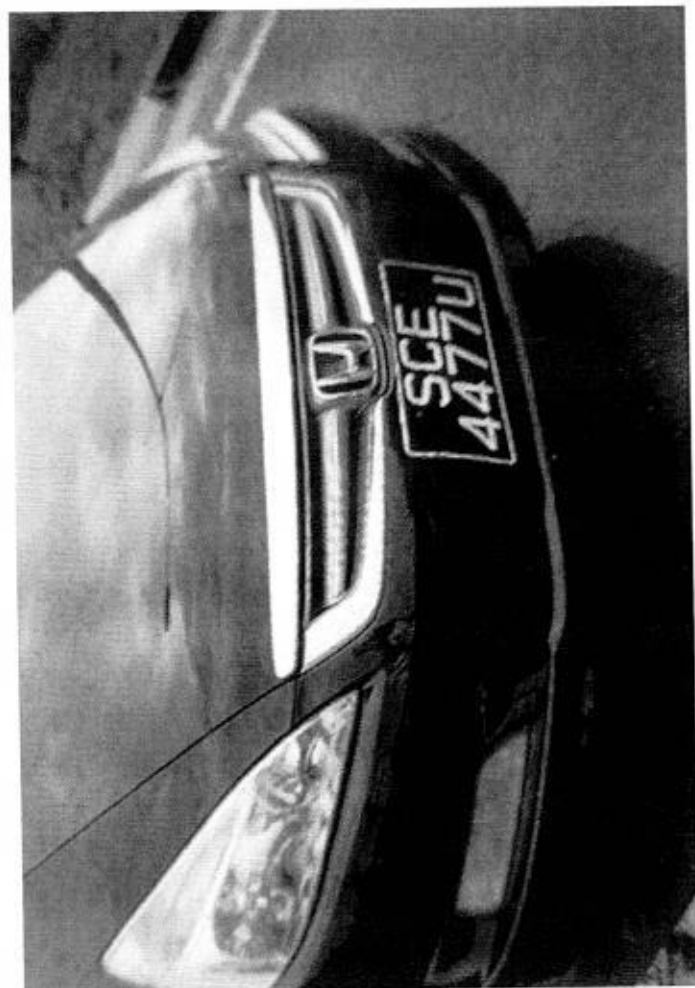
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

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.:





Team: ARC Repair TP(CLS0)1 JOB CARD Sales Order: JC NO305137320

CUSTOMER		REGN NO: SHA4969D	MILEAGE
R/MS COMFORT TRANSPORTATION PTE LTD		MAKE: HYUNDAI	FUEL
CUSTOMER NO 7010045		MODEL: I-40	E.....1/2.....F
ADDRESS 383 SIN MING DRIVE		DATE/TIME IN	02.04.2018 09:50
Singapore SINGAPORE 575717		YR OF MANU	TARGET DATE
65508755 (O)		30.06.2015	
L (R) (P)		CHASSIS CODE	COMPLETION DATE/TIME:
SCOUNT CARD NO.		KMHLB41UMGU075056	

JOB DESCRIPTION

Accident Date: 02.04.2018
NATURE: 3P 02.04.2018

S/NO LABOR CODE DESCRIPTION

CHECKED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Acknowledgement Slip
Vehicle No.: SHA4969D
CHIANG @
Signature/Date
To be returned to Service Reception upon collection

Exit Pass
Vehicle No.: SHA4969D
Name of Service Advisor
Date
To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 4969D

DATE 2/4/2018 11:21

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper Clips X 22			\$ 22.00	
	Rear Bumper Under Cover X 522			\$ 225.00	
	<i>Rear Bumper X repair</i>				
	SUB TOTAL			\$ 247.00	
	LESS 20%			\$ 49.40	
	DISCOUNTED TOTAL			\$ 197.60	
	Rear Bumper Reverse Sensor X 522			\$ 135.70	Nett
	Rear Bumper Ruber Mat — 222			\$ 50.00	Nett
	Rear Bumper Advertisement Logo — 222			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH) — 222		\$ 100.00	\$ 200.00	Nett
				\$ 435.70	
	Labour Charge				
	Panel Beating			\$ 250.00 100	
	Spray Painting Charge			\$ 250.00 200	
	Wiring Charge			\$ 50.00 X 22	
	R/Refix Reverse Sensor			\$ 120.00 X 22	
	TOTAL LABOUR			\$ 670.00	
	ESTIMATE TOTAL			\$ 1,303.30	
	<i>Kelvin (11/11/14)</i>				
	<i>2/4/18 1515h</i>				
	<i>2 Days</i>				
	<i>4/5</i>				
	<i>After Repair photo</i>				
	<div> <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 item(s) must be resurveyed and is subject to final approval from Insurance Company <p>Acknowledged by Repairer Signature: Date:</p> </div>				
	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.				

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305137320
Date : 03/04/18

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SHA4969D

Fax :
02/04/18

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

- The repair job shall bill to: NTUC SCE4477U
- The finalized amount shall be:
 - Spare Parts after List discount
 - Labour Charges
 - Total for Part-By-Part Repair Cost
 - Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less:
Final Lumpsum Repair cost \$450.00
- Estimated normal period for repairs: 2 working days.
- We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
- Thank you for your assistance.

We confirm the estimates and
finalized amount

Signature :
Name : CHIANG
Tel : 62148314
Fax : 65468156

Signature :
Name :
Date : 3/4/18

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		N		
3. Survey Fees				
4. LTA Search Fee	7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:



Thatcham describe


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/INC18006024/K1vbn2			
73 BRAS BASAH ROAD			
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
		Date: 11-04-2018	
Code: INC4			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SCE 4477U	Veh. Inspected	SHA 4969D
Policy No.	5022342904-10	Coverage (\$)	0.00
Claim No.	MT/0988428-002	Excess (\$)	0.00
Assign From		Assign Date	02/04/2018
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU075056	Colour	BLUE
Odometer	322894	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	DAVANTI	7 mm
L/H Front Tyre	205/60 R16	DAVANTI	7 mm
R/H Rear Tyre	205/60 R16	DAVANTI	7 mm
L/H Rear Tyre	205/60 R16	DAVANTI	7 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.			
DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	02/04/2018	Inspection Date	02/04/2018
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. SHA 4969D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
10	REAR BUMPER CLIPS	NOT NECESSARY SERVICEABLE TO REPAIR	22.00	-
1	REAR BUMPER UNDER COVER		225.00	-
1	REAR BUMPER (NPA)		-	-
	LESS 20% DISCOUNT		-49.40	-
			197.60	-
SPECIAL NETT ITEMS				
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
			435.70	300.00
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		420.00	100.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		250.00	200.00
			670.00	300.00
GRAND TOTAL			1,303.30	600.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				450.00

Report Ref No. NS/INC18006024/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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