08/11/32	REF: NA	121010001112/14	اه		
Surre Mr. Kalvin	No	(MC 18006132/K)			
		ASSIGNMENT		6-	/ - 1
From:	Date:	Veh No:		2 4 Yr Regn: 60ct	
Estima <b>t</b> ellos:		Type: M.Car/	M.Cycle / Bus / Van /	Lorry / T / Prima Move	r/
OD TE INSTPRES OD F	RES / EVA / INV / MV	Truck	/ Trailer or		10.00
To Inspetivehide No:		Make:	Toyota	Prins c.c A/C: Instad/St	17 48
at Work shop m/s		Colour	Bhe	A/C: Insured / St	d/NI/NA
of		Sp.Reading	7/087	T/Radio: Ins 💋 d / S	td / NI / NA
Insured: SLS 268	2.8	Eng/No:			,
Policy Na 509414	FIPUOG PPPC	190918 C/No:	STOK	B3F48035	68820
claims No. M7/09	88139-02	Gen. Cond: 0	Good / For / Poor / But	rnt	
Suminsum:	Excess:	Steering: Ino	Jammed / Leake	ed/Burnt or	
(Client's Record)		Brake: Ino	order / Jammed / Leake	ed/Burnt or	
Makeof Vsh:		Modi: Nil	/ S/Rim / St A/Rim	73 W. L.	
		Tyre Size;	F:	195/65 NIS	
(Policy Condition)			R:	-,	
Remark: The veh had comm	nenced its	N/S O/S BS/DUN/E	EXNOVA / GY / FS / LIZ	ZA / MIC / OHTSU / PIR / S	SUMI/
repair at the time		TOYO/YO	OKO or	Welle	
Ball or Market Value:	_	Front		Rear	
IDAC Accident Rport:	Consistent? : Yes or N		7 mm	R/Bal.	mm
GIA / PR Seen:	Consistent?: Yes or I		1 mm	L/Bal. 7	mm
	days Res.: Yes or		7/3/18	D.O.I. 3/4/	8
Est.Repairs:	% 3 Val.: Yes or		lat	CDGE (Loya	149)
Lemoure		PER APPROXIMENT	3,017	NS I NIS I UIC I Roofto	3
CA / REV / REP. /	24 HRS	hicle: IN / OUT		N/S Front.	A.S.
Date:Pers	on Contacted:		Chassis frame / B	Body Structure affected d	ue to collision.
Date / Time   Action / I	nstruction		7 - 4	-0:1: -	
6/4/.8 Cutions	J 1/P\$ 665.3	3/ 2/mgs. (Pas	n 10950-85, -	59%) II	
				14	
		kg.	84		
-				<del>7</del> - 2011	
	RECEIVED 0 6	APR 2018			
	LOLIVEDOS	10.10			
D. (5) 5. (6) F		David 04 D	tonale:		
DateTime, File Pass to?	: Preli. Report	Days Of R	autoparente de la companya del companya del companya de la company	Survey Fee:	160
1306/4 tunitor	: Final Report	Resurvey	No. of Trip:	Transportation:	35
DateTime, File Return to?		Add Facilities	e laca (S	)S + RS,SI	- 33
2)			te Insp (\$		
	-70		erview (\$	) Photos	
TO ALLEY TO A PROPERTY OF	70	II.Te	ich lave (§	Others	



# **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



NTU	C INCOME INSUR	ANCE CO-OPERATIVE LTD	Ref:	NS/INC1800613	32/K1qb
		D UNION HOUSESINGAPORE	Date:	03-04-2018	
			Code:	INC4	
1.	CALL THE	Policy Particulars	:- THIR	D PARTY CLAIM	
	Insured Veh.	SLS 2682B	Veh. li	nspected	SHA 2702U
	Policy No.	5094242999	Cover	age (\$)	0.00
	Claim No.		Excess (\$)		0.00
	Assign From		Assign Date		03/04/2018
2.		Vehicle Parti	culars &	& Condition	
	Make & Model		c.c		0
	Engine No.	HIDDEN	Year	of Reg.	
-	Chassis No.		Colour		
	Odometer		Steering		
	Brakes		Modification		
	General				
3.		Condit	ions of	Tyres	etrankolera.
		Size	Make		Balance
	R/H Front Tyre				mm
	L/H Front Tyre				mm
	R/H Rear Tyre				mm
	L/H Rear Tyre				mm
4.	<b>国际生产基础</b>	Descripti	on of D	amages	
5.	state considera	Genera	I Inform	nation	
	Accident Date	27/03/2018	Inspe	ction Date	03/04/2018
	Survey held at	COMFORTDELGRO ENGINEE	RING PT	E LTD	
	89	59 LOYANG DRIVE SINGAPORE 508969			West Committee of the C
5a.	Garage Lawy	R	emarks	Minister March	DAY STORY
		ON WAS CONDUCTED ON A"WI CE TO YOUR INSTRUCTIONS, V			

Common
1
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. . .

Hello, NAC_PAYA_UBI_80	00601						Change La	nguage '	Change Passwore	d · Log O
My Desktop	Polic	y Query								
Notice of Loss	Policy N	o.				Date of Acc	ident	27/03/	2018 19:03	
	Vehicle I	No.(For Motor)	SLS2682B							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5094242999	SK TEO CONSTRUCTION PTE, LTD.	201542956G	GPC	drivo PREMIUM	SLS2682B	SL52682B	20/09/2017	19/09/2018

## 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 aforesaid.

ACCIDENT STATEMENT
29/03/2018 08:28
27/03/2018 22:50
WOODLAND CHECKPOINT DRIVEWAY
SINGAPORE

DET	TAILS OF OWN VEHICLE
-----	----------------------

SHA2702U Vehicle Registration Number

Insured/Policyholder

COMFORT TRANSPORTATION PTE LTD Name Of Registered Owner

199303821R Co Reg No

FLEETSAFETY@CDGTAXI.COM.SG Email Address

Mobile Phone No

Alternative Phone No OFFICE-65508768

Vehicle Particulars

TOYOTA Manufacturer

PRIUS HYBRID 4G Model

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

INDIA INTERNATIONAL INSURANCE PTE LTD Name of Insurance Company

THIRD PARTY FIRE AND/OR THEFT Type Of Coverage

YES Fleet Policy

MCOM0015 Policy Number

Cover Note Number

Driver

SEE HOCK SIEW Name of Driver

S1049826J NRIC No 24/10/1949 Date Of Birth OUTDOOR Occupation 23/03/1970 Date Of Driving Pass

48 YEARS AND 0 MONTHS **Driving Experience** 

MALE Gender

Mobile Number Fax Number

Contact Number

NOFMAIL EMail Address

Address

BLK 305D ANCHORVALE LINK

#07-17

Postcode

544305

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

OTHER - TAXI DRIVER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

ambulance?

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

NO 2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

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)

4

Passenger 1

NAME:

GENDER:

: MALE

Passenger 2

NAME:

GENDER:

: FEMALE

Passenger 3

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

SLS2682B

Vehicle Make/Model/Colour

MERCEDES

**Details Of Properties** 

Vehicle Category

TAXI

Name of Driver

TEO SENG KOK

NRIC/Passport Number

S1716046Z

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

RH FRONT

#### 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.
- 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.
- 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 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:
  - 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 .:

38/3/18

GIARRAC Shelikhif ianiform\_Y3

W. ...

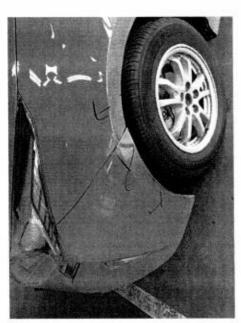
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# Sketch Plan Pg. 2

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- -				2
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	731111		1/1/////	VHHHHH
11117171991	9211111	$ \alpha$ $+$ $\alpha$	11/1/1/1/	
DESCRIBE CIRCUMSTANCES OF	THE ACCIDENT			
On	27/3/18 a	t about	22:50 hrs	, I was
driving on a c	ne way 1	and this	wade unadl	and already in
CHROND DIN CL C	me way	unp low	Wood III	AND THEE DO
	50500			
The trul	fic volume i	& very h	Pavia hence	the tradic
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move formand u	hen Francic	ahead i	s clear, in	the Diwess
1 fet an minor	impact co	me from	mus left 1	rand eide.
There is a car			wipe onto	
		V( )	Wife Orico	INC IETI
portion onto m	y taxi.			
	1750)			
3 12955	sengers in	Man too	(i. No 10)	um ort the
aculate of Abai	last	1010	175	- True
point of accid	(11)			
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			3	
			9	
				A
DECLARATION				A
I/We declare the foregoing particular:	s are true in every respec LTD	ıt.		A
	s are true in every respec LTD	1.	4	A
I/We declare the foregoing particular	s are true in every respec LTD	t.	<i>y</i>	A
I/We declare the foregoing particular	s are true in every respective.  Signature (If driver is not the poli		Reporting Centre Po	rsonnel's Signature

GIARMS SketchPlanForm\_V3













OMFORI

COMPORTORIES	Date/Tir	ne: 03.04.2018 11:06	Page : 1
am: ARC Repair TP(CLSO)1	JOB CARD	Bales Order:	JC NO305138037
DMER		REGN NO.: SHA2702U	MILEAGE
COMFORT TRANSPORTATION PTE I	LTD	MAKE TOYOTA	FUELF
SS 383 SIN MING DRIVE Singapore SINGAPORE 575717		MODEL PRIUS HYBRID(G4)03	DATE/TIME IN
(R) 65508755 (O)		YR OF MANU. 06.10.2017	TARGET DATE
(P)	8	CHASSIS CODE JTDKB3FU803568820	COMPLETION DATE/TIME:
UNT CARD NO.	JOB DESCRIPTION	710-24-3110-311-311-311-311-311-311-311-311-31	-1-
cident Date: 27.03.2018 TURE: 3P 27.03.18	JOB DESCRIPTION		
NO LABOR CODE	DESCR	IPTION	1
		*	
KED & PASSED OUT BY:			
Enternal Committee		- Cuprovers	O DIOMETINE
SERVICE ADVISOR	92	CUSTOMER	S SIGNATURE
ledgement Slip	Exit Pass		
No.: SHA2702U FZ NTUC	Vehicle No.:	SHA2702U	
f Service Advisor Signature/Date	Name of Service	Advisor Date	
turned to Sandra Recention upon collection	To be kept by Se	ecurity Guard	

## COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ES	TIMATE			3/4/2018 12:48	KI
EHICLE N	O: SHA 2702U			0.00	
MAKE				1	1
MODEL	: TOYOTA PRIUS				V
	PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT	
	FRONT BUMPER COVER XHPN			\$ 490.50	
	FRONT BUMPER SIDE RETAINER	Va.		\$ 77.00	
	BRACKET, FRONT BUMPER EXTENTION MOUNTING	Xu		\$ 110.40	
	BRACKET, FRONT BUMPER SIDE, LH			\$ 77.00	
	Condition Go day x 460 N SUBTOTAL			\$ 754.90	
	5 1 5 16h 6 87.10 LESS 25%			\$ 188.73	
	Front LH Fender Embles me \$67.10 LESS 25% DISCOUNTED TOTAL			\$ 566.18	
	LABOUR CHARGE			2.0	
	Panel Beating-Repair Fender			\$ 500.00	-
	Spray Painting Charge			\$ 500.00	15
	Tuff Kote			\$ 50.00	×
	TOTAL LABOUR			\$ 1,050.00	
	ESTIMATE TOTAL			\$ 1,616.18	
				1681.20	
	1 3/4/12 1505 L				
	1				
	Afte Repair plot.	To resurve     To display     Parts price     Third part     No illegal     Suppleme	Consultants hence of the following before/after spray programaged part(s) during a sare subject to confirm the survey is on a "Without modification(s) is allowed from its or a supproval from its confirmation of the supproval from its confirmation of th	g: ainting resurvey mation ut Prejudice" basis ed	
			of 2x F prings	34/44/9	

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

Our Job Ref No : 305138037 ComfortDelGro Engineering Pte Ltd Date 05.04.2018 59 Loyang Drive Singapore 508969 Fax: 6546 8156 FINALIZATION FORM LKK Fax: Attn KALVIN Vehicle Reg No. : SHA2702U Date of Accident : 27.03.2018 The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-The repair job shall bill to: NTUC SLS2682B The finalized amount shall be: Spare Parts after List discount \$65.32 (b) Labour Charges \$600.00 Total for Part-By-Part Repair Cost \$665.32 Lumpsum Repair (if applicable) Total for Lumpsum repair cost after Less: 20% \$0.00 Final Lumpsum Repair cost \$0.00 3. Estimated normal period for repairs: 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: Signature: Name : FAUZY BIN MOKHTAR Name Tel 62148319 Date Fax : 65468156 For Official Use Only Document Confirm By Item Amount Attached Remarks (Signature) Yes or No 1. Rental Rate P/Day YES 2. Loss of Income Paid N Survey Fees 4. LTA Search Fee 7.49 5. Medical Fees (on behalf of driver, if applicable) 6 Overrun Remarks:

COMFORTDELGRO ENGINEERING PTE LTD

Date: 05.04.2018 Time: 18:12:04

REPAIR ESTIMATE

Page: 1

COMPAINY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

JOB NO REGN NO MILEAGE

: 305138037 : SHA2702U : 0000000000

MAKE

: TOYOTA

MODEL

: PRIUS HYBRID(G4) : 06.10.2017

DATE OF REGN DATE/TIME IN

: 03.04.2018 09:45

ACCIDENT DATE : 27.03.2018

JOB / PARTS DESCRIPTION

OTY IND UNIT-PRICE DISC% AMOUNT

RT REQUISITION

0001 04-01-0302-2297-G PRIG4 EMBLEM SIDE PANEL ( 1 87.10 25.00 65.32

SUB-TOTAL : 65.32

JOB NATURE

0000 L

PANEL BEATING

200.00

0001 L

DATE:

SPRAY PAINTING CHARGE

400.00

SUB-TOTAL: 600.00

TOTAL : 665.32

MVA NAME & SIGNATURE

AUTHORISED: YES / NO

SURVEYOR NAME & SIGNATURE

DATE:



# **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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NTU	JC INCOME INSU	RANCE CO-OPERATIVE LTD	Ref:	NS/INC1800613	32/K1qbn2
		ND UNION HOUSESINGAPORE	Date:	10-04-2018 INC4	
1.		Policy Particulars	:- THIR	D PARTY CLAIM	
	Insured Veh.	SLS 2682B	Veh. I	nspected	SHA 2702U
	Policy No.	5094242999	Cover	age (\$)	0.00
	Claim No.	MT/0988139-002	Excess (\$)		0.00
	Assign From		Assign Date		03/04/2018
2.	E. Seite Co.	Vehicle Parti	culars 8	& Condition	
	Make & Model	TOYOTA PRIUS	c.c		1798
	Engine No.	HIDDEN	Year o	of Reg.	2017
	Chassis No.	JTDKB3FU803568820	Colou	r	BLUE
	Odometer	71087	Steering		IN ORDER
	Brakes	IN ORDER	Modification		STANDARD ALLOY RIM
	General	FAIR			
3.		Conditi	ions of	Tyres	
		Size	Make		Balance
	R/H Front Tyre	195/65 R15	WEST	LAKE	7 mm
	L/H Front Tyre	195/65 R15	WEST	LAKE	7 mm
	R/H Rear Tyre	195/65 R15	WEST	LAKE	7 mm
	L/H Rear Tyre	195/65 R15	WEST	LAKE	7 mm
4.		Description	The second second		
	THE VEHICLE SU DAMAGES SEE D	STAINED DAMAGES AT THE N/S ETAILS.	FRONT	PORTION.	
5.		Genera	I Inform	ation	
	Accident Date	27/03/2018	Inspec	tion Date	03/04/2018
	Survey held at	COMFORTDELGRO ENGINEER	RING PT	E LTD	
		59 LOYANG DRIVE SINGAPORE 508969			
5a.		R	emarks		
		ON WAS CONDUCTED ON A"WIT CE TO YOUR INSTRUCTIONS, W			
5b.	<b>夏季夏季间景度</b> 多	Estimate	Days of	Repair	
	ESTIMATED NOR	MAL 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





## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 2702U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT BUMPER COVER	TO REPAIR	490.50	
1	FRONT BUMPER SIDE RETAINER	SERVICEABLE	77.00	
1	BRACKET, FRONT BUMPER EXTENSION MOUNTING	SERVICEABLE	110.40	
1	BRACKET,FRONT BUMPER SIDE,LH	SERVICEABLE	77.00	
1	FRONT LH FENDER (NPA)	TO REPAIR	-	
1	FRONT LH FENDER EMBLEM	NECESSARY	87.10	87.10
	LESS 25% DISCOUNT		-210.50	-21.77
			631.50	65.33
	LABOUR			
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		500.00	200.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		550.00	400.00
			1,050.00	600.00
	GRAND TOTAL		1,681.50	665.33

RECOMMENDED COST OF REPAIRS (CONFIRMED)	665.33
---	--------

Report Ref No. NS/INC18006132/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

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 tort, 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.