

REF:

NS/LNCI 8006474 / Spn2

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value:

IDAC Accident Report:

GIA / PR Seen:

Est. Repairs:

Lump Sum:

Consistent? : Yes or No

Consistent? : Yes or No

4/2 days

Res.: Yes or No

%

3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No.

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

Truck / Trailer or

Make:

Colour

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / 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:

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU4 PIR / SUMI /

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

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

Yr Regn:

5/11/2012

C.C. 10.518

A/C: Insured / Std / NI / NA

T/Radio: Insured / Std / NI / NA



Date / Time

Action / Instruction

Date/Time, File Pass to?

1) 21/5 2018

Date/Time, File Return to?

2)

Report Format:

Lump Sum / I.B.T. (\$)

☐

: Preli. Report

☐

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech. Invs (\$)

☐

: Weekend (\$)

Survey Fee:

Transportation.

) \$ + RS. \$

: Photos

: Others

TOTAL

RECEIVED 21 MAY 2018

001: 060514

1/2

160



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/INC18006474/Sqb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 09-04-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	PC 8808D	Veh. Inspected	SMB 342Z
Policy No.	5086761592-01	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	06/04/2018

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	14/09/2017	Inspection Date	06/04/2018
Survey held at	SMRT AUTOMOTIVE SERVICES PTE LTD 60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705		

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

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident
1	MT/0939315-003	SMRT BUSES LTD	SMB 1472A	SKJ 7179P	29/03/2017
2	MT/0995090-001	SMRT BUSES LTD	SMB 342Z	PC 8808D	14/09/2017
3	MT/0980389-002	SMRT BUSES LTD	SMB 5893S	PA 4137T	26/01/2018
4	MT/0939257-002	SMRT BUSES LTD	SMB 1582R	PA 8425K	25/03/2017
5	MT/0987666-002	SMRT BUSES LTD	SMB 1484R	SHB 8685R	27/2/2018
6	MT/0990787-002	SMRT BUSES LTD	SMB 1473Y	SIK 5147B	16/4/2018
7	MT/0985497-002	SMRT BUSES LTD	SMB 1515K	SGK454H	9/3/2018
8	MT/0989067-002	SMRT BUSES LTD	SMB 61J	SIH 4630U	2/4/2018
9	MT/0991323-002	SMRT BUSES LTD	SG 1721J	EN 59Z	20/4/2018

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"/>	5086761592-01	YZ TRANSPORT SERVICE	53187806J	GFT	Comprehensive	PC8808D	PC8808D	05/08/2017	

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 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	20/09/2017 11:28
Date Of Accident	14/09/2017 07:50
Exact Location Of Accident	JUNCTION OF PENDING RD AND PETIR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB342Z
Insured/Policyholder	
Name Of Registered Owner	SMRT BUSES LTD
Co Reg No	198202292D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64823888

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	BUS
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 BUS

Insurance Company

Name of Insurance Company	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-17087563MFBP
Cover Note Number	

Driver

Name of Driver	RAMLI BIN YAAKUB
NRIC No	G8144782P
Date Of Birth	23/05/1977
Occupation	OUTDOOR
Date Of Driving Pass	23/11/2009
Driving Experience	7 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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

Was any body injured in the Accident? 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) 10

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

Bus was stationary at the junction of Pending Rd and Petir Rd, awaiting for traffic light to turn green. While waiting, a private bus (PC8808D) in front suddenly rolling back and hit onto bus left side view mirror.

Attachment(s)

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number PC8808D

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver MIKE WONG

NRIC/Passport Number

Contact Number 90884418

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

SKETCH PLAN

Bus/09/17/1027

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.

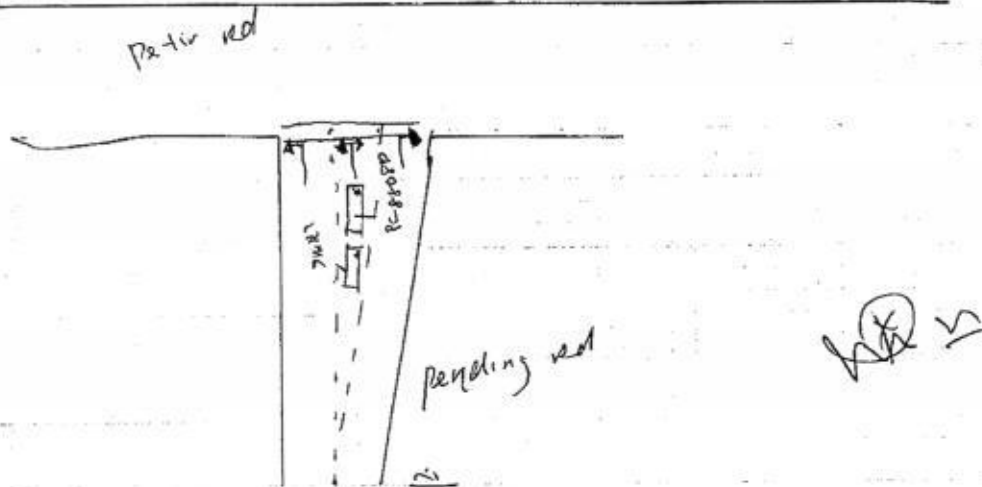
SMART Buses Ltd
 6 Ang Mo Kio Street 64
 Singapore 569140
 Tel: 6482 3888 Fax: 6482 3882

Policyholder's Signature
 Date & Time:

Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 20/9/17 11:20 am

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls refer to AIA report.

DECLARATION

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

SAINT BUSES Ltd

6 Ang Mo Kio Street 6.

Singapore 569140

Tel: 6482 3888 Fax: 6482 3844

www.smt.com.sg

Policyholder's Signature _____

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 20/9/17 1120 AM

Reporting Centre Personnel's Signature

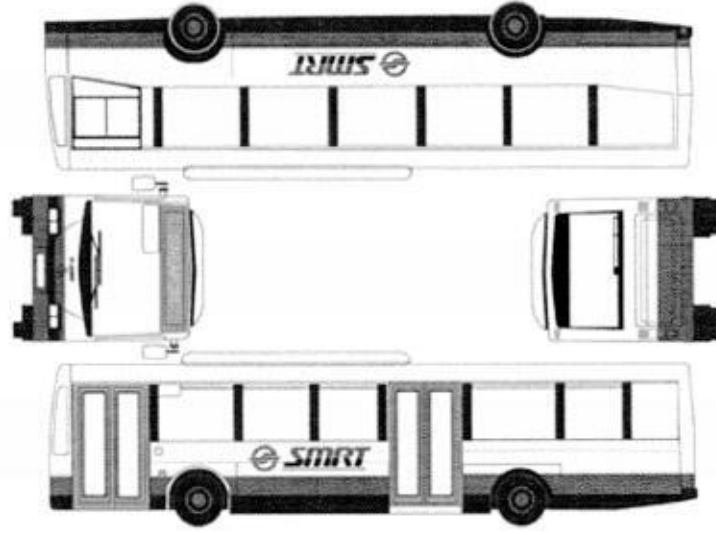
Name: _____

NRIC/FIN No.:

SMRT Accident Vehicle Repair Estimates

Section A - To be completed by claims Advisor/Duty officer at Accident Reporting Centre

Reg. No : SMB342Z
 Ref. No : BUS/09/17/1027
 Reg. Date : 21/09/2017
 Vehicle Type : BUS -12M
 Make : MAN
 Model : MAN
 Name of Driver : Ramli Bin Yaakub
 Type of Accident : HEAD TO REAR
 Date / Time of Accident : 14/09/2017 07:50:00 AM
 Accident Reported Date / Time : 20/09/2017 12:00:00 AM
 Surveyor is Required? : Yes
 Survey by : IDAC
 Vehicle is Towed Back? : No
 Towed Back Date/Time :
 Replacement Vehicle issued? : No
 Accident Repair Job Card No :
 Special Instruction to ARC, if any :
 SMB342Z - LEFT VIEW MIRROR ARM BEND INWARDS
 PC8808D (TP) - INSURED WITH NTUC
 Prepared Date : 21/09/2017 05:38:07 PM



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:
 Date:

Sebastian
 6/4/18.
 - Lump Sum Repair.
 - Photo After Point.

Chassis No : Mileage : 0

Work Shop : Repair Completed Date / Time :

Summary of Repair Estimates

Total Labour Charges	: 265.00	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Spray Painting Charges	: 0.00		0.00
Total Material Charges	: 1,712.97		1,712.97
Other Charges	: 0.00		0.00
TOTAL	: 1,977.97		0.00
Lum Sum Total	: 2,000.00		0.00
No. of Repair Days	: 1.00		0.5
Prepared / Adjusted By			
Arc / Surveyor Sing Off Date	: 06/04/2018 10:02:28 AM		01/01/1900 12:00:00 AM

[Signature]

Prepared / Adjusted Date :

Remarks :

Prepared Date : 06/04/2018 10:02:28 AM

Section C - To be Completed by Admin Assistant, Accident Repair Centre, Upon Completion of Repair

Quotation No :	Invoice No :
Quotation Date :	Invoice Date :
Invoice Amount :	Prepared Date :

Part 1 - Labour Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REMOVE & INSTALL ALL ABOVE ITEMS AND REPAIR OTHERS DAMAGED AFFECTED AREAS.	265.00	0.00 132
Total Labour	265.00	0.00

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Spray Painting & Panel Beating		

Part 3 - Other Costs - Accident and Accident Repair Related Expenses

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Other Costs		

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock No	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Recommendation	Surveyor Approved	Photos Attached
4001M01-ACCE466	LEFT	6010159	FRONT VIEW MIRROR LH	1	1,903.30	10.00	1,712.97	Replace	Replace	No
TOTAL MATERIALS										
TOTAL MATERIALS(Discounted)										
								1,712.97	1,712.97	
								1,712.97	1,712.97	

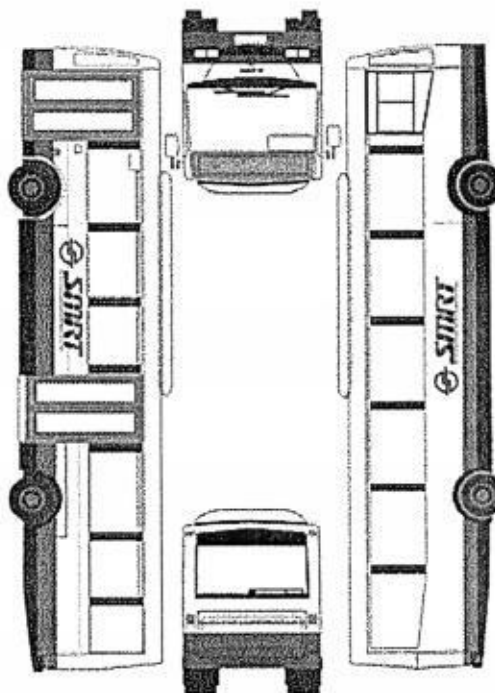
Added Spare Parts / Material Usage After Surveyor Signed off

Part Number	Portion	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Check	Surveyor Check	LT Check
TOTAL SUPPLEMENTARY MATERIALS									

SMRT Accident Vehicle Repair Estimates

Section A - To be completed by claims Advisor/Duty officer at Accident Reporting Centre

Reg. No : SMB342Z
Ref. No : BUS/09/17/1027
Reg. Date : 05/11/2012
Vehicle Type : BUS -12M
Make : MAN
Model : MAN
Name of Driver : Ramli Bin Yaakub
Type of Accident : HEAD TO REAR
Date / Time of Accident : 14/09/2017 07:50:00 AM
Accident Reported Date / Time : 20/09/2017 12:00:00 AM
Surveyor is Required? : Yes
Survey by : IDAC
Vehicle is Towed Back? : No
Towed Back Date/Time :
Replacement Vehicle issued? : No
Accident Repair Job Card No : 000024095423
Special Instruction to ARC,if any :
SMB342Z - LEFT VIEW MIRROR ARM BEND INWARDS
PC8808D (TP) - INSURED WITH NTUC
Prepared Date : 21/09/2017 05:38:07 PM



Section B - To be Completed by Service Advisor, Accident Repair Centre

Chassis No : WMAA22ZZ9C7001500

Mileage


0

Work Shop :

Repair Completed Date / Time : 01/01/2000

Summary of Repair Estimates

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Charges	: 265.00	132.00
Total Spray Painting Charges	: 0.00	0.00
Total Material Charges	: 1,370.38	1,370.38
Other Charges	: 0.00	0.00
TOTAL	: 1,635.38	1,502.38
Lum Sum Total	: 1,650.00	1,500.00
No. of Repair Days	: 1.00	0.50 ✓
Prepared / Adjusted By	:	SEBASTIAN LKK
Arc / Surveyor Sign Off Date	: 06/04/2018 10:02:28 AM	06/04/2018 06:53:59 PM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 06/04/2018 10:02:28 AM

Section C - To be Completed by Admin Assistant, Accident Repair Centre, Upon Completion of Repair

Quotation No :

Invoice No :

Quotation Date :

Invoice Date :

Invoice Amount :

Prepared Date :

Section D - Details of Repair Estimates**Part 1 - Labour Works**

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REMOVE & INSTALL ALL ABOVE ITEMS AND REPAIR OTHERS DAMAGED AFFECTED AREAS.	265.00	132.00 ✓
Total Labour	265.00	132.00

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Spray Painting & Panel Beating		

Part 3 - Other Costs - Accident and Accident Repair Related Expenses

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Other Costs		

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock No	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Recommendation	Surveyor Approved	Photos Attached
4001M01-ACCE466	LEFT	6010159	FRONT VIEW MIRROR LH	1	1,903.30	10.00	1,712.97	Replace	Replace	No DMG
TOTAL MATERIALS							1,712.97	1,712.97		
TOTAL MATERIALS(Discounted)							1,370.38	1,370.38		

Added Spare Parts / Material Usage After Surveyor Signed off

Part Number	Portion	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Check	Surveyor Check	LT Check
TOTAL SUPPLEMENTARY MATERIALS									

1712.97
 + 132.00

 1844.97
 - 202

 1475.976

L/S : \$ 1500

Sebastian
17/5/18

m 68-30




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/INC18006474/Sqbn2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 23-05-2018	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	PC 8808D	Veh. Inspected	SMB 342Z	
Policy No.	5086761592-01	Coverage (\$)	0.00	
Claim No.	MT/0995090-001	Excess (\$)	0.00	
Assign From		Assign Date	06/04/2018	
2. Vehicle Particulars & Condition				
Make & Model	MAN NL320F	c.c	10518	
Engine No.	HIDDEN	Year of Reg.	2012	
Chassis No.	WMAA22ZZ9C7001500	Colour	MULTI	
Odometer	493356	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	275/70 R22.5	FIRENZA	6 mm	
L/H Front Tyre	275/70 R22.5	FIRENZA	6 mm	
R/H Rear Tyre	275/70 R22.5 (D)	FIRENZA	6/6 mm	
L/H Rear Tyre	275/70 R22.5 (D)	FIRENZA	6/6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	14/09/2017	Inspection Date	06/04/2018	
Survey held at	SMRT AUTOMOTIVE SERVICES PTE LTD 60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705			
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:		0.500 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. SMB 342Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REPLACEMENT OF PARTS	DAMAGED		
	FRONT VIEW MIRROR LH		1,903.30	1,903.30
	LESS 10% DISCOUNT		-	-190.33
			1,903.30	1,712.97
	LABOUR			
	TO REMOVE & INSTALL ALL ABOVE ITEMS AND REPAIR OTHERS DAMAGED AFFECTED AREAS.		265.00	132.00
			265.00	132.00
GRAND TOTAL			2,168.30	1,844.97
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,500.00

Report Ref No. NS/INC18006474/Sqbn2

YEANG WAI KEEN

Automotive Assessor

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 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.