

136/11713
Surveyor: Mr. Kelvin

REF: N3/LWC18007336/Kltbn2

ASSIGNMENT

From: _____ Date: _____
 Estimate ☒ Cost
 OD/TP / WS/TP RES / OD RES / EVA / INV / MV
 To Insp ☒ Vehicle No: _____
 at Workshop _____
 of _____
 Insured: SJG 8197H
 Policy No. 5088229131-02 1602018
 Claims No. MT/099115-002
 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

Bat. or Market Value: _____

IDAC Accident Rpt: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHD 701E Yr Regn: Nov 2016
 Type: M.Car / M.Cycle / Bus / Van / Lorry / T/ / Prime Mover /
 Truck / Trailer or
 Make: Toyota Prius C.C. 1748
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 177545 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTDKB3F49035370X3
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / ST A/Rim or
 Tyre Size: F: 195/65R15
 R: _____

☒ DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or

Front		Rear
R/Bal. <u>7</u> mm		R/Bal. <u>7</u> mm
L/Bal. <u>7</u> mm		L/Bal. <u>7</u> mm
D.O.A. <u>18/4/8</u>		D.O.I. <u>19/4/8</u>
Survey held at <u>CDGE (Loyang)</u>		

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

Rear o/s

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

Date / Time	Action / Instruction
	SHD 701E - NA/ALI 1803590/64 OCA: 200318 <u>Full</u>
	SJG 8197H - X <u>PIP</u>
25/4/8	Continue PIP \$1065.11/2h. (Red: 124680 : 53%)

RECEIVED 27 APR 2018

Date/Time, File Pass to?

☐ : Preli. Report

☐ : Final Report

1) Return to?
 Date/Time, File Return to?

2) _____

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Insp (\$ _____)

☐ : Transport (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$ _____

Photos

Others

160
35
195



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/INC18007336/K1tb			
73 BRAS BASAH ROAD			
#05-01 NTUC TRADE UNION HOUSESINGAPORE		Date: 20-04-2018	
189556			
Code: INC4			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SJG 8197H	Veh. Inspected	SHD 7101E
Policy No.	5088229131-02	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	19/04/2018
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	18/04/2018	Inspection Date	19/04/2018
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.			

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"/>	5088229131-02	LAY AUTO LEASING PTE LTD	201310521C	GFT	Third Party	SJG8197H	SJG8197H	16/03/2018	

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident
1	MT/0991115-002	Comfort Transportation	SHD 7101E	SJG 8197H	18/4/2018
2	MT/0989824-003	SMRT BUSES LTD	TIB 1129P	SLX 5295P	8/4/2018
3	MT/0990969-002	Comfort Transportation	SHC 2905R	GBC 7253B	18/4/2018

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	19/04/2018 08:26
Date Of Accident	18/04/2018 09:40
Exact Location Of Accident	ALEXANDRA RD X OF JL BUKIT MERAH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD7101E
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	TOYOTA
Model	PRIUS HYBRID 4G
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	LIEW WAN LOONG (LIU WANLONG)
NRIC No	S7442441D
Date Of Birth	24/12/1974
Occupation	OUTDOOR
Date Of Driving Pass	26/11/2002
Driving Experience	15 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	EDDY_THEDDEUS@YAHOO.COM.SG

Address	BLK 887 TAMPINES ST 81 #09-1010
Postcode	520887
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	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	SJG8197H
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NORAZRI BIN NORANI
NRIC/Passport Number	S7700527G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT

No. Of Passenger (Including Driver)

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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

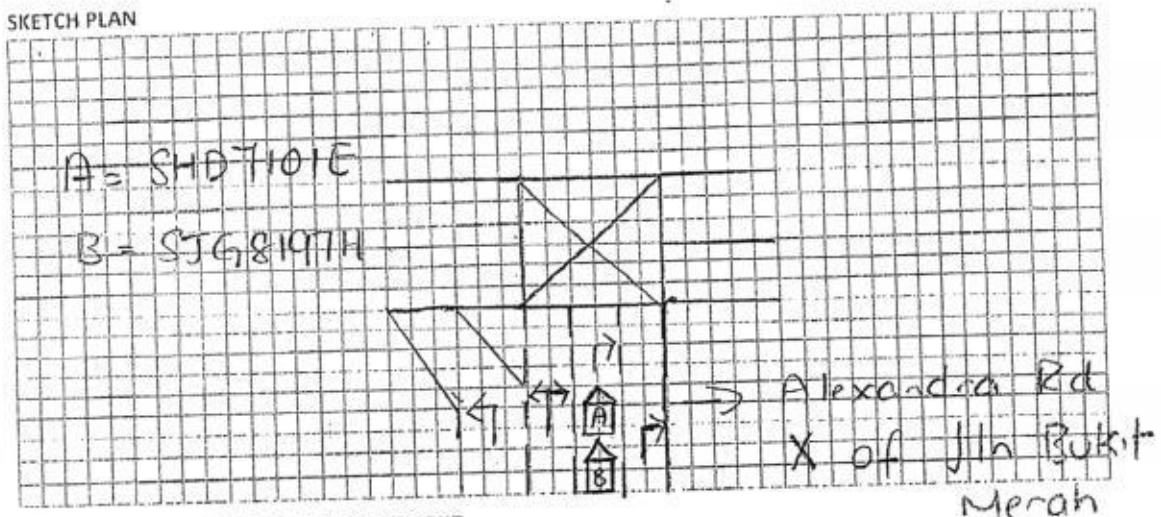
Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/4/18 @ 0940 h.s, I Veh A driving along Alexandra Rd before the traffic junction. The front Veh slowed down & stop thus I gradually slowed down & stop as well. Suddenly, I felt an impact at my Veh A rear portion. I step out of my Veh & checked. Veh B hit Veh A rear. 11 female passenger on board & no injury reported at the point time of accident.

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:

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

Date/Time: 19.04.2018 09:13

Page : 1

am: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO: 305143563

OMER

REGN NO.

SHD7101E

MILEAGE

IS

COMFORT TRANSPORTATION PTE LTD

MAKE

TOYOTA

FUEL

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

OMER NO

7010045

RESS

383 SIN MING DRIVE

MODEL

PRIUS HYBRID(G4)18.04.2018 15:50

DATE/TIME IN

Singapore SINGAPORE 575717

YR OF MANU

11.11.2016

TARGET DATE

(R)

65508755

(O)

(P)

CHASSIS CODE

JTDKB3FU903537043

COMPLETION DATE/TIME:

DUNT CARD NO.

JOB DESCRIPTION

Accident Date: 18.04.2018

NATURE: 3P 18.04.18

'NO

LABOR CODE

DESCRIPTION

WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Handgement Slip

Exit Pass

No.:

SHD7101E

CHIANG NTUC

Vehicle No.:

SHD7101E

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE

VEHICLE NO : SHD 7101E

DATE : 18.04.2018

MAKE :

MODEL : TOYOTA PRIUS

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
REAR BUMPER <i>X 1 p. 2</i>			\$ 458.60
REAR BUMPER RE-INFORCEMENT <i>X 1 p. 2</i>			\$ 318.80
REAR BUMPER UNDER COVER <i>— cut</i>			\$ 552.60
REAR BUMPER SIDE RETAINER <i>X 1 p. 2</i>			\$ 112.70
REAR BUMPER SPONGE <i>X 1 p. 2</i>			\$ 143.40
REAR BUMPER UNDER SIDE COVER (RH) <i>X 1 p. 2</i>			\$ 167.60
REAR BUMPER TOWING COVER <i>— cut</i>			\$ 82.70
REAR BUMPER CLIPS <i>— 1 p. 2</i>			\$ 22.00
RETAINER, REAR BUMPER, SIDE, RH <i>X 1 p. 2</i>			\$ 94.80
SEAL, REAR BUMPER SIDE, RH <i>X 1 p. 2</i>			\$ 148.40
SUB TOTAL			\$ 2,101.60
LESS 25%			\$ 525.40
DISCOUNTED TOTAL			\$ 1,576.20
REAR BUMPER REVERSE SENSOR <i>— shorted</i>			\$ 135.70
REAR BUMPER RUBBER MAT <i>— 1 p. 2</i>			\$ 50.00
			\$ 185.70
LABOUR CHARGE			
Panel Beating			\$ 250.00
Spray Painting Charge			\$ 250.00
Wiring Charge			\$ 50.00
TOTAL LABOUR			\$ 550.00
ESTIMATE TOTAL			\$ 2,311.90

Kahar Ullah

19/4/18 10.26

200

P.H.

Atter Rana p Lho

LKK Auto Consultants hence notify
 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

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 PTE LTD

REPAIR ESTIMATE

Date: 20.04.2018

Time: 17:53:09

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305143563
REGN NO : SHD7101E
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 11.11.2016
DATE/TIME IN : 18.04.2018 15:50
ACCIDENT DATE : 18.04.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0302-2287-G	PRIG4 GUARD-REAR BUMPER C	1	552.60	25.00	414.45
0002	04-01-0302-2286-G	PRIG4 COVER REAR BUMPER-T	1	82.70	25.00	62.02
0003	04-01-0302-2267-G	PRIVC BUMPER PIECE	10	22.00	25.00	16.50
0004	09-01-0302-2005-A	PRIG4 REVERSE SENSOR ASSY	1	135.70	10.00	122.13

SUB-TOTAL : 615.10

JOB NATURE

0000 L	REAR BUMPER MAT	50.00
0001 L	PANEL BEATING	200.00
0002 23-502	SPRAYPAINT ON AFFECTED AREA	200.00

SUB-TOTAL : 450.00

TOTAL : 1,065.10

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

Our Job Ref No : 305143563
Date : 20/04/18

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SHD7101E


Fax :


18/04/2018

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

- The repair job shall bill to: NTUC SJG8197H
- The finalized amount shall be:
 - Spare Parts after List discount \$615.11
 - Labour Charges \$450.00
 - Total for Part-By-Part Repair Cost** \$1,065.11
 - Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: _____
Final Lumpsum Repair cost _____
- 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 : KALVIN
Date : 25/4/18

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 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/INC18007336/K1tbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 07-05-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJG 8197H	Veh. Inspected	SHD 7101E
Policy No.	5088229131-02	Coverage (\$)	0.00
Claim No.	MT/0991115-002	Excess (\$)	0.00
Assign From		Assign Date	19/04/2018

2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	JTDKB3FU903537043	Colour	BLUE
Odometer	177545	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65 R15	BRIDGESTONE	7 mm
L/H Front Tyre	195/65 R15	BRIDGESTONE	7 mm
R/H Rear Tyre	195/65 R15	BRIDGESTONE	7 mm
L/H Rear Tyre	195/65 R15	BRIDGESTONE	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	18/04/2018	Inspection Date	19/04/2018
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
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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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 7101E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	TO REPAIR	458.60	-
1	REAR BUMPER RE-INFORCEMENT	SERVICEABLE	318.80	-
1	REAR BUMPER UNDER COVER	CUT	552.60	552.60
1	REAR BUMPER SIDE RETAINER	SERVICEABLE	112.70	-
1	REAR BUMPER SPONGE	NOT NECESSARY	143.40	-
1	REAR BUMPER UNDER SIDE COVER (RH)	SERVICEABLE	167.60	-
1	REAR BUMPER TOWING COVER	CUT	82.70	82.70
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	RETAINER, REAR BUMPER, SIDE, RH	SERVICEABLE	94.80	-
1	SEAL, REAR BUMPER SIDE RH	SERVICEABLE	148.40	-
	LESS 25% DISCOUNT		-525.40	-164.32
			1,576.20	492.98
<u>NETT ITEMS</u>				
1	REAR BUMPER REVERSE SENSOR (N)	SHORTED	135.70	135.70
	LESS 10% DISCOUNT		-	-13.57
			135.70	122.13
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			50.00	50.00
<u>LABOUR</u>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		300.00	200.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		250.00	200.00
	-		-	-
	-		-	-
	-		-	-
			550.00	400.00
GRAND TOTAL			2,311.90	1,065.11

Report Ref No. NS/INC18007336/K1tbn2



Page No.: 2 of 2

RECOMMENDED COST OF REPAIRS (CONFIRMED)			1,065.11
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Report Ref No. NS/INC18007336/K1tbn2

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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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.