

ASS. REC. BY:

REP: CS3 / FCL18007417 / G24639

Special Instruction:

SURVEYOR:

GR

ASSIGNMENT (Office)

From (Person):

WS Hung Yin Min

of

FCL

Date/Time:

2004208 550pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

FBL 3458G

Insured:

SAB 2304E

at Workshop m/s

Tai Hin Enterprise

Tel:

8380 2233

of

10 Kaki Bukit Rd 2 #01-16

Policy No:

Claim No:

D18007913M TSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

15042018

(Client's Record)

CA / REV / REP. / REV 24 HRS 'wp'

H.O.D. Endorsement:

Date/Time:

23042018 1001am

Person Contacted:

Jacky

Vehicle IN/OUT

Date/Time	Action/Instruction (X) Estimate
	FBL 3458G - X
	SAB 2304E - CS / FCL18002304 / Avds 209: 070218
26/4/18	Dismantled

PRs
Girvanjor
Vand

REF: FCL

ASSIGNMENT

From: _____ Date: **23/04/2018**
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: **FBL 3458G**
 at Workshop m/s: **Tai Hin Enterprise**
 of: **10 Kaki Bukit Rd 2 #01-16**
 Insured: ~~Motor~~
 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: **\$11K.**
 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
 Date: _____ Person Contacted: _____ Vehicle: **IN / OUT**

N/S	O/S

Veh No: **FBL3458G** Yr Regn: **Sept 16**
 Type: **M. Car** / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: ~~Vespa~~ **Scomadi** c.c. - **181**
 Colour: **Green** A/C: **Insured** / Std / NI / NA
 Sp. Reading: **-** T/Radio: **Insured** / Std / NI / NA
 Eng/No: _____
 C/No: **SJKTLS2026U000368**
 Gen. Cond: **Good** / Fair / Poor / Burnt
 Steering: **In Order** / Jammed / Leaked / Burnt or _____
 Brake: **In Order** / Jammed / Leaked / Burnt or _____
 Modi: **M/S** / Rim / STD A/Rim or _____
 Tyre Size: F: **110/70-12**
 R: **"**
 BS: **DUN** / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front _____ Rear _____
 R/Bal. **5** mm R/Bal. **5** mm
 L/Bal. _____ mm L/Bal. _____ mm
 D.O.A. _____ D.O.I. **23-04-18**
 Survey held at **w/s** **4pm**
 Des. of Damages: Frt / Rear / **O/S** / N/S / UIC / Rooftop or _____
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
11/5/18	Submit PRS report.

RECEIVED 14 MAY 2018

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) _____
 Date/Time, File Return to? _____
 2) _____

Days Of Repair: _____
 Resurvey No. of Trip: _____

Report Format : _____
 Lump Sum / I.B.I. (\$) _____

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Weekend (\$ _____)

Survey Fee: _____
 Transportation: _____
 S + RS: \$ _____
 Photos: _____
 Others: _____
 TOTAL: _____

MOTOR SURVEY ASSIGNMENT

Date 17-04-2018 **Our Ref No.** D18002913MFSH

Accident Date 15-04-2018 **Claim Type.** Third Party

Insured Vehicle SHB2304E **Third Party Vehicle.** FBL3458G

Survey Location 10 KAKI BUKIT ROAD 2 #01-16FIRST EAST CENTRE

Contact Person. JACKY SIAH

Contact No. 0/ 83802233 **Fax No.** 0

Survey Type WITHOUT PREJUDICE:

Appointed Surveyor LKK AUTO CONSULTANTS PTE LTD

Contact Person NA **Fax No.** 68416315

Contact Number. NA

FOR DIRECT SETTLEMENT

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

THIRD PARTY SURVEY REQUEST

Cc : Workshop TAI HIN ENTERPRISE CO **Attention.** NIL

Cc : TP Solicitor BENEDICT CHAN & COMPANY **TP Solicitor Fax No.** 62206087

Officer Incharge AUNGYM

IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.
This is a computer generated letter, no signature required.

MSME18050537 / SME Motor Pte Ltd - Kaki Bukit
 ENTRY DATE & TIME: 16/04/2018 17:50
 SUBMITTED BY: Chia Pei Ying

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	16/04/2018 17:50
Date Of Accident	15/04/2018 06:30
Exact Location Of Accident	UPP CHANGI RD NORTH TWDS LOYANG WAY OUTSIDE ESSO
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL3458G
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD FAIZAL BIN ZAINAL
NRIC No	S8520733D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92212270
Alternative Phone No	OFFICE-92212270
Vehicle Particulars	
Manufacturer	SCOMADI
Model	TL200
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	P1840303
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD KHAIFIROZ BIN ROZLAN
NRIC No	S8440191I
Date Of Birth	11/12/1984
Occupation	INDOOR
Date Of Driving Pass	29/09/2004
Driving Experience	13 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97671641
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 529 WOODLANDS DRIVE 14 #10-527
 Postcode 730529
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured FRIEND
 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) 1

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name TRAFFIC POLICE DIVISION HQ
 Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 65470000 - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPROT: T/20180416/7003.

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? NO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHB2304E
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category TAXI
 Name of Driver CHEOT YONG MING
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MUHAMMAD KHAIFIROZ BIN ROZLAN
Approximate Age
Injuries Sustain
Injured person in which vehicle? FBL3458G
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

Sketch Plan Pg. 1

SKETCH PLANIMPORTANT NOTICE

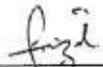
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.


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.:

Sketch Plan #3 Pg. 1

LETTER OF UNDERTAKING

I/We, MUHAMMAD FAZIL BIN RAJICAL, the owner of vehicle no. ABC34589

My/Our Insurance is under M/s AXA Insurance Singapore Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Singapore Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop, MOTOR S1

Signed and Acknowledge by:

S85207330 Fazil Muhammad Faizal
Nric no. and signature of policyholder

.....
Company Stamp

16/04/2018
Date

Sketch Plan #4 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180416/7003

1 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180416/7003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/04/2018 11:16	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: MUHAMMAD KHAIFIROZ BIN ROZLAN		Address: APT BLK 529 WOODLANDS DRIVE 14 #10-527 SINGAPORE 730529	
ID Type / ID No.: NRIC NO / S8440191I		Contact No.: Home/Office: Mobile: 97671641	
Nationality: SINGAPORE CITIZEN		Email: Khaifiroz84@gmail.com	
Sex: Male	Age: 33	Date of Birth: 11/12/1984	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation: CIVIL SERVANT		Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 15/04/2018 06:30	Type of Location: Straight Road
Location: UPPER CHANGI ROAD NORTH Just outside the esso pump station.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL3458G	Motorcycle	SCOMADI	TL200	Green	Seriously Damaged	0
SHB2304E	COMFORT TAXI	HYUNDAI	I40	Yellow	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL3458G	AXA INSURANCE SINGAPORE PTE LTD	AN3158881	07/09/2017	06/09/2018

Sketch Plan #5 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180416/7003

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3
Report No. T/20180416/7003

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: Yes			
No. of Pedestrians Injured: 0		Use of Pedestrian Crossing: Not Available	
Rider:			
Name	MUHAMMAD KHAIFIROZ BIN ROZLAN	ID No.	S84401911
Related Vehicle	FBL3458G (Motorcycle)	Contact No.	97671641
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	15/04/2018	Date Discharge	15/04/2018
No. of Days granted Medical Leave	07	Degree of Injury	Serious

Brief Details.

On 15/04/18 at around 0630 hrs, I was on my way to work at Changi Prison Complex. I was travelling along Upper Changi Road North on the right lane at a speed of approximately 50km/h towards Tanah Merah Besar Road. I noticed that there was a yellow comfort taxi bearing vehicle no SHB2304E travelling between the left and right lane of the road just outside the ESSO pump station. When I was nearing the said taxi, the driver abruptly made a last minute U-turn. I could not brake on time and collided to the right side of the taxi.

Sketch Plan #6 Pg. 1



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20180416/7003

3 of 3

Report No. T/20180416/7003

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPHQ / MUHAMMAD FIRDAUS BIN SULEIMAN Contact No.: 65476394

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 16/04/2018 11:16
Classification Of Case:

Authentication Stamp
NP168

Enquire Transfer Fee

Vehicle Details			
Vehicle No. :	FBL3458G		
Vehicle Type :	P01 - Passenger Scooter		
Vehicle Attachment 1 :	No Attachment		
Vehicle Scheme :	Normal		
Vehicle Make :	SCOMADI		
Vehicle Model :	TL200		
Chassis No. :	SJRTLS202GU000368		
Propellant :	Petrol		
Engine No. :	1P63ML41633200405		
Engine Capacity :	181 cc		
Maximum Power Output :	-		
Maximum Laden Weight :	285 kg		
Unladen Weight :	135 kg		
Year Of Manufacture :	2016		
Original Registration Date :	07 Sep 2016		
Lifespan Expiry Date :	-		
COE Category :	D - Motorcycle		
Quota Premium :	\$6,206.00		
COE Expiry Date :	06 Sep 2026		
Road Tax Expiry Date :	06 Sep 2018		
Inspection Due Date :	06 Sep 2019		
Intended Transfer Date :	11 May 2018		
CO2 Emission :	-		
CO Emission :	-		
HC Emission :	-		
NOx Emission :	-		
PM Emission :	-		
Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable.			
Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.			
Amount Payable			
	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	25.00	-	25.00
Total Amount Payable :			25.00

You may print this page for reference.

OK

Print

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	0733D
Vehicle Details	
Vehicle No.:	FBL3458G
Vehicle to be Exported:	No
Intended De-registration Date:	11 May 2018
Vehicle Make:	SCOMADI
Vehicle Model:	TL200
Primary Colour:	Green
Manufacturing Year:	2016
Engine No.:	1P63ML41633200405
Chassis No.:	SJRTLS202GU000368
Maximum Power Output:	-
Open Market Value:	\$2,582.00
Original Registration Date:	07 Sep 2016
First Registration Date:	07 Sep 2016
Transfer Count:	1
Actual ARF Paid:	\$388.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	06 Sep 2026
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$6,206.00
COE Rebate Amount:	\$5,163.00
Total Rebate Amount:	\$5,163.00

The information contained herein is correct as at 11 May 2018

OK

Scomadi TL200

 6 days ago by zakishoemaker (/zakishoemaker)

 S\$8,000

 60 Likes

 Used

 In Class 2B (/categories/class-2b-1595)

 RFS: Wife wanna try ride other bikes so willing to trade other 2b/2a bikes.

Mileage less than 10k as can be seen in pic 4.

Coe till June 2026.

Good fuel Consumption.

Good engine condition, no leaking.

 Good exterior. View to believe.

All stock parts. Just did normal servicing last month at agent.

Please don't lowball. It's price reasonably and for a bike that Coe that has still a long way to go. It's a good catch

Fully paid so I only accept full cash or you have to find a shop to refinance.

No reservation unless a minimum of \$1000 is deposited as I want to be fair to other buyers too who is interested and not hold them up.

Definitely a head turner bike.

Make

Others

Type

Other

Getting This

 Meet-up

 Fernvale Link

Layar Irt
60

Chat

Make Offer



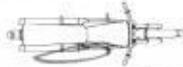
LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.: 1 of 1

PRE-REPAIR INSPECTION REPORT			
FIRST CAPITAL INSURANCE LTD 36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Ref: CS3/FCI18007417/Gz4bs2 Date: 18-05-2018 Code: FCI2	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SHB 2304E	Veh. Inspected	FBL 3458G
Policy No.		Coverage (\$)	0.00
Claim No.	D18002913MFSH	Excess (\$)	0.00
Assign From	AUNG YIN MIN	Assign Date	20/04/2018
2. Vehicle Particulars & Condition			
Make & Model	SCOMADI TL200	c.c	181
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	SJRTLS202GU000368	Colour	GREEN
Odometer	-	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	110/70-12	BRIDGESTONE	5 mm
L/H Front Tyre			mm
R/H Rear Tyre	110/70-12	BRIDGESTONE	5 mm
L/H Rear Tyre			mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY.			
5. General Information			
Accident Date	15/04/2018	Inspect Date / Time	23/04/2018 (04:00 PM)
Survey held at	TAI HIN ENTERPRISE CO 10 KAKI BUKIT RD 2 #01-16 FIRST EAST CENTRE SINGAPORE 417868		
5a. Remarks			
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE. C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS. D) MARKET VALUE: \$11,000.00			

Report Ref No. CS3/FCI18007417/Gz4bs2

Inspected By



XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor



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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