22/03/2002 REF: CS/FCI 18007 978/(Ttd3e2 Special Instruction: ASS. REC. BY: Surveyor - Guo Qiana ASSIGNMENT (Office) Date/Time: 175/18@ 3:03pm of FCI From (Person): (ML) Estimated Cost: Bill to: OD/TP/WS/TP RES/OD RES/EVA/INV/MV/CS To Inspect Vehicle No: SKS 30711 Insured: at Workshop m/s TAT HENG #DZ-09 AMK AUTO POINT of BIK 10 AMK IND PARK 2A Claim No: D18063867MFSH Policy No: Sum Insured: Excess: D.O.A. 13/5/2018 Make of Veh: (Client's Record) CA / REV / REP. / REV 24 HRS H.O.D. Endorsement: Date/Time: Person Contacted: Vehicle IN/OUT Date/Time Action/Instruction () Estimate lump Sum \$1200+ (Red: 1/84.10; 57%)

246

REH HIZ

Denise Tay (LKKAuto)

From:

Admin-D (LKKAuto)

Sent:

Thursday, 17 May 2018 3:20 PM

To:

'Claim Workflow System'; assignments

Cc:

MAYCHUA@MSFIRSTCAPITAL.COM.SG; SUR

Subject:

RE: SURVEY ASSESSMENT - D18003867MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed vehicle not in workshop, repairer will arrange.

BEST REGARDS,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: <u>assignments@lkkauto.com</u> | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Claim Workflow System [mailto:cwsmotorclaims@msfirstcapital.com.sg]

Sent: Thursday, 17 May 2018 3:08 PM To: ASSIGNMENTS@LKKAUTO.COM

Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; MAYCHUA@MSFIRSTCAPITAL.COM.SG

Subject: PRI: SURVEY ASSESSMENT - D18003867MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

Please find attached the necessary documents for survey. Kindly submit your report via CWS within the next 14 days.

Best Regards, Admin Team Claim Workflow System Motor Claims Department MS First Capital Insurance Limited

Tel: 6507 3848 Fax: 6507 3849

PS: This is a system generated mail. Please do not reply to this mail.

Denise Tay (LKKAuto)

From:

georgina mei kuan <gina_tatheng@yahoo.com.sg>

Sent:

Wednesday, 18 July 2018 4:10 PM

To:

Denise Tay (LKKAuto)

Subject:

Fw: SKS3071U ESTIMATE

Dear Denis Tay

We accept your offer for repair cost @ \$1200.

Your Sincerely,

Georgina Soong

Tat Heng Motor Works
10 Ang Mo Kio Industrial Park 2A
#02-09 AMK Autopoint, Singapore 568047
t: 6483 7103
m: 9113 511

On Tuesday, 26 June 2018, 12:12, georgina mei kuan <gina_tatheng@yahoo.com.sg> wrote:

Sorry, we are unable to agree to this repair cost. Please kindly forward release voucher.

Thank you.

Your Sincerely,

Georgina Soong

Tat Heng Motor Works

10 Ang Mo Kio Industrial Park 2A #02-09 AMK Autopoint, Singapore 568047 t: 6483 7103 m: 9113 5112

On Tuesday, 26 June 2018, 11:40, Denise Tay (LKKAuto) <denisetay@lkkauto.com> wrote:

Dear Georgina,

Enclosed finalization.

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 witholding of material facts may allow insurance companies to
- 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

 By the lodgement of this report to the insurers, you hereby consein aforesaid. 	nt to the archiving of this report at
noresaid.	ACCIDENT STATEMENT
Date Of Report	14/05/2018 14:56
199 22 2	13/05/2018 14:05
Exact Location Of Accident	TRAFFIC JUNCTION BETWEEN LORONG 1 & 4 TOA PAYOH
Country/State of Loss	SINGAPORE
Di	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKS3071U
Insured/Policyholder	
Name Of Registered Owner	VICTORY FAMILY CENTRE LTD
Co Reg No	NA
Email Address	GINA_TATHENG@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98580181
Alternative Phone No	OFFICE-63539717
Vehicle Particulars	· · · · · · · · · · · · · · · · · · ·
Manufacturer	HYUNDAI
Model	ACCENT
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P 27045079 MCX
Cover Note Number	
Driver	
Name of Driver	NG SIOK GEK ANGELINE
NRIC No	S1409067C
	10/04/4000

NRIC No 16/04/1960 Date Of Birth **INDOOR** Occupation 27/11/1978 Date Of Driving Pass

39 YEARS AND 5 MONTHS **Driving Experience**

FEMALE Gender

(LOCAL) +65-98580181 Mobile Number

Fax Number

OFFICE-63539717 Contact Number

GINA_TATHENG@YAHOO.COM.SG **EMail Address**

APT BLK 110 LORONG 1 TOA PAYOH #05-332 Address

SINGAPORE

310110 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 - CROSS JUNCTION

Weather Conditions

CLEAR DRY

Road Surface

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?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

Passenger 1

: NEO GUAT CHOO

NAME:

GENDER:

: FEMALE

Passenger 2

NAME:

: CHOY KWAI LING

GENDER:

: FEMALE

Passenger 3

NAME:

: SITI

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

Police Station Address

TOA PAYOH NEIGHBOURHOOD POLICE CENTRE

ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING,

POSTCODE: 319194, COUNTRY: SINGAPORE

Police Station Contact Was notice of intended Prosecution given? TEL NO: 1800-2519999 - FAX NO: 63548749

NO

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHED

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

SHD3100J

Vehicle Make/Model/Colour

Details Of Properties

Page 2 of 15

Vehicle Category
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

TAXI LOH CHEE KIONG

98342029

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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
- 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)
 - (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, involces, 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
 - 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.
 - 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.

enature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

14/5/18 11 40 am

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

Sketch Plan #2 Pg. 1

CH PLAN		THEFT					
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DECLARATI	ON the foregoing par	ticulars are true in e	very respect.				
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I/We declare	101		hatura		Reporting	Central	ilet a a B.
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S. WIL	/0/	Priver's Sig (If driver is Date & Tin	not the policyh	older) 5/18 40am		\vee	1

Common Statement Pg. 1

Annex D

SGT HIGHMASTHE NPCO TEAM TO TOA PAYON NPU

NOTICE OF REPORTING

This is to confirm that NG SIOK GEK ANGELINE, NRIC S1409067C, has reported to the Police a non-injury traffic accident which occurred at the traffic junction of Lor 6 Toa Payoh and Lor 4 Toa Payoh on 13/05/2018 at 14.04 pm involving the following vehicles:

SKS3071U (Complainant) SHD3100J (Defendant)

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT Nicholas Lee

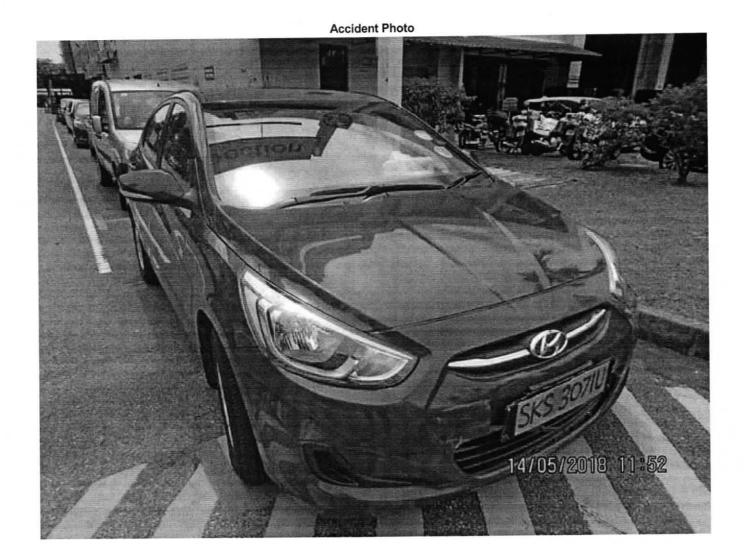
Date: 13/05/2018 Time: 1445hrs

S/D Ref: 11

Police Post/Unit: Boon Teck NPP

Original - to be issued to informant Duplicate - to be submitted to Traffic Police





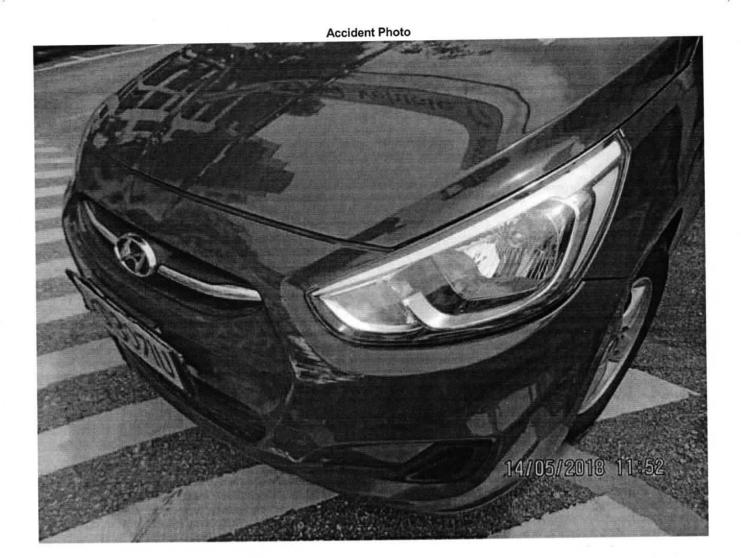


Accident Photo













TAT HENG MOTOR WORKS PTE LTD

BLK 10, ANG MO KIO IND PK 2A # 02-09 AMK AUTOPOINT SINGAPORE 568047

TEL: 6483 7103 FAX: 6481 7732

After report photos

THIRD PARTY CLAIM VEHICLE NO: SKS3071U MODEL: HYUNDAI ACCENT

CHASSIS:

part by pat.

before paint photos

21/5/18

S/N	Description	Qty	U/Price	Amount	
0,,,	2 conput	Q.,	0/1 1100	Amount	
1	Front bumper / ll .	1	460.00	460.00	/
2	Front bumper seal / MC.	1	35.00	35.00	/
3	Front humner side bracket / MC	1	36.00	36.00	/
4	Front bumper side cover fog law	1	58.00	58.00	/
5	Front bumper side cover fog lamp Front bumper lower grille	1	68.00	68.00	/
6	Front bumper top grille	1	120.00	120.00	/
7	Front bumper top grille logo 🔍	1	29.00	29.00	/
8	Front bumper sponge 🎖 🚜	1	131.00	131.00	/
				937.00	
	Less 10%			(93.70)	
				843.30	
	Nett Item		-		
9	Front bumper Clip / MC Front number plate / 0,5.	1 set	38.00	38.00	
10	Front number plate / 0,5.	1	45.00	45.00	
				202.00	
				926.30	
10	To check front wiring for proper function.	35.00	X		
11	To replace, repair, straighten & re-align al	450.00	200		
1	parts.				200
12	To spray paint on all affected areas.	350.00	0 00		
0.5	and a second production of the second producti			355.30	
				4 = 2 4 2 2	
	Grand Total			1,761.30	

minforcement -bt/
minler platerfanish cps/
Page 1 of 1

TAT HENG MOTOR WORKS PTE LTD

BLK 10, ANG MO KIO IND PK 2A # 02-09 AMK AUTOPOINT SINGAPORE 568047

TEL: 6483 7103 FAX: 6481 7732

THIRD PARTY CLAIM VEHICLE NO : SKS3071U MODEL : HYUNDAI ACCENT

CHASSIS: KMHCT41BTFU898042

S/N	Description	Qty	U/Price	Amount	
1	Front bumper	1	460.00	460.00	
2	Front bumper seal	1	35.00	35.00	
3	Front bumper side bracket	1	36.00	36.00 1	
4	Front bumper side cover/fog lamp cover	1	58.00	58.00	
5	Front bumper lower grille	1	68.00	68.00	
6	Front bumper top grille	1	120.00	120.00	
7	Front bumper top grille logo	1	29.00	29.00	
8	Front bumper sponge	1	131.00	131.00	
9	Front bumper reinforcement	1	293.00	293.00	(A) BT
10	Front number plate garnish	1	53.00	53.00	(A) Cra
				1,283.00	
	Less 10%			(128.30)	N . D .
				1,154.70	20%: 1026.
	Nett Item				- / /
9	Front bumper Clip	1 set	38.00	38.00	
10	Front number plate	1	45.00	45.00	0.3
					83
				1,237.70	
10	To check front wiring for proper function.			35.00	×
11	To replace repair atraighten & realign a	II damac	od.	450.00	200
11	To replace, repair, straighten & re-align a parts.	ii uaiiiag	jeu	430.00	200
12	To spray paint on all affected areas.			350.00	200
12	To oping paint on an anosted arous.				
	Grand Total			2,072.70	

Page 1 of 1

1509.4 20% : 1200 2 Days -

TAT HENG MOTOR WORKS PTE LTD

BLK 10. ANG MO KIO IND PK 2A # 02-09 AMK AUTOPOINT SINGAPORE 568047

TEL: 6483 7103 FAX: 6481 7732

Lungan Report.
After nepalt photos.
Guo Qiang
82880282

THIRD PARTY CLAIM **VEHICLE NO: SKS3071U MODEL: HYUNDAI ACCENT**

CHASSIS:

S/N	Description	Qty	U/Price	Amount	
	_				
1	Front bumper / le .	1	460.00	460.00	
2	Front bumper seal / MC.	1	35.00	35.00	
3	Front bumper side bracket / MC	1	36.00	36.00	
4	Front bumper side cover X NN	1	58.00	58.00	
5	Front bumper lower grille	1	68.00	68.00	
6	Front bumper top grille 7 7 1	1	120.00	120.00	
7	Front bumper top grille logo 🥱 / 🎷	1	29.00	29.00	
8	Front bumper sponge	1	131.00	131.00	
	·			937.00	
	Less 10%			(93.70)	
				843.30	
	Nett Item				
9	Front bumper Clip / MC	1 set	38.00	38.00	
10	Front number plate / 0,5.	1	45.00	45.00	
				926.30	
10	To check front wiring for proper function.			35.00	\times NN
11	To replace, repair, straighten & re-align al	l damad	har	450.00	200
1 11	parts.	uamaç	geu	430.00	
12	To spray paint on all affected areas.			350.00	200.
12	l opray paint on an ancolou aleas.			000.00	
	Auto Consuments hence notify				
	Grand Total pairer of the following:			1,761.30	

- . 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 Page 1 of 1 is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:



5b.

ESTIMATED NORMAL PERIOD FOR REPAIR:

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

		Reg. No:	199607198R GST Reg. No. 19-9	60/198-R
		Affiliated to Federation Intern	nationale Des Experts En Autom	nobile
FIR	ST CAPITAL INSU	RANCE LTD	Ref : CS/FCI180089	78/Gtd3e2
	ROBINSON ROAD -01 CITY HOUSES	SINGAPORE 068877	Date: 11-09-2018 Code: FCI2	
1.		Policy Particula	ars :- THIRD PARTY CLAI	IM
	Insured Veh.	SHD 3100J	Veh. Inspected	SKS 3071U
	Policy No.		Coverage (\$)	0.00
	Claim No.	D18003867MFSH	Excess (\$)	0.00
	Assign From	MAY CHUA	Assign Date	17/05/2018
2.		Vehicle Pa	articulars & Condition	
	Make & Model	HYUNDAI ACCENT	c.c	1368
	Engine No.	HIDDEN	Year of Reg.	2015
	Chassis No.	KMHCT41BTFU898042	Colour	RED
	Odometer	30081	Steering	IN ORDER
	Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
	General	GOOD		
3.		Con	ditions of Tyres	
		Size	Make	Balance
	R/H Front Tyre	185/70 R14	BRIDGESTONE	6 mm
	L/H Front Tyre	185/70 R14	BRIDGESTONE	6 mm
	R/H Rear Tyre	185/70 R14	BRIDGESTONE	6 mm
	L/H Rear Tyre	185/70 R14	BRIDGESTONE	6 mm
4.			iption of Damages	A CONTRACTOR OF THE SECOND
	THE VEHICLE SU	STAINED DAMAGES AT THE	FRONT PORTION.	
	DAMAGES SEE D	ETAILS.		
5.		Gen	eral Information	A CHARLE WAS A SECTION
	Accident Date	13/05/2018	Inspection Date	21/05/2018
	Survey held at	TAT HENG MOTOR WORKS	3	
		BLK 10, ANG MO KIO INDUS 568047	STRIAL PARK 2A #02-09, AN	NG MO KIO POINT, SINGAPORI
5a.			Remarks	Will be the second of the second
	B)THE INSPECTION	NSISTENT TO ACCIDENT REP ON WAS CONDUCTED ON A'' CE TO YOUR INSTRUCTIONS	WITHOUT PREJUDICE" BAS	

Estimate Days of Repair

3 Working Days



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

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKS 3071U

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT BUMPER	DEFORMED	460.00	460.00
1	FRONT BUMPER SEAL	NECESSARY	35.00	35.00
1	FRONT BUMPER SIDE BRACKET	NECESSARY	36.00	36.00
1	FRONT BUMPER SIDE COVER	DEFORMED	58.00	58.00
1	FRONT BUMPER LOWER GRILLE	CRACKED	68.00	68.00
1	FRONT BUMPER TOP GRILLE	CRACKED	120.00	120.00
1	FRONT BUMPER TOP GRILLE LOGO	NECESSARY	29.00	29.00
1	FRONT BUMPER SPONGE	CRACKED	131.00	131.00
1	FRONT BUMPER REINFORCEMENT (ADDITIONAL)	BENT	293.00	293.00
1	FRONT NUMBER PLATE GARNISH (ADDITIONAL)	CRACKED	53.00	53.00
	LESS 10% DISCOUNT		-128.30	-
	LESS 20% DISCOUNT		_	-256.60
			1,154.70	1,026.40
	SPECIAL NETT ITEMS			
1	SET FRONT BUMPER CLIP (SN)	NECESSARY	38.00	38.00
1	FRONT NUMBER PLATE (SN)	DISTORTED	45.00	45.00
	A 1		83.00	83.00
	LABOUR			
	TO CHECK FRONT WIRING FOR PROPER FUNCTION.	NOT NECESSARY	35.00	-
	TO REPLACE, REPAIR, STRAIGHTEN & RE-ALIGN ALL DAMAGED PARTS.		450.00	200.00
	TO SPRAY PAINT ON ALL AFFECTED AREAS.		350.00	200.00
			835.00	400.00
	GRAND TOTAL		2,072.70	1,509.40

RECOMMENDED COST OF LUMP SUM REPAIRS	1,200.00
(TO ITS PRE-ACCIDENT CONDITION)	

Report Ref No. CS/FCI18008978/Gtd3e2

XING GUO QIANG

M.MATAI, AMSAE-A **Automotive Assessor**

ADRIAN LING WAI PING

B.Eng, AMSOE, AMIRTE, AMSAE-A, M.MATAI

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.