



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/INC18011579/K1qb | | | |
| 73 BRAS BASAH ROAD | | Date: 26-06-2018 | |
| #05-01 NTUC TRADE UNION HOUSESINGAPORE | | Code: INC4 | |
| 189556 | |  | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | |
| Insured Veh. | SHC 6209R | Veh. Inspected | SHD 7206L |
| Policy No. | 5095103893 | Coverage (\$) | 0.00 |
| Claim No. | | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 25/06/2018 |
| 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 | 23/06/2018 | Inspection Date | 25/06/2018 |
| 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. | | | |

Hello, NAC_PAVA_UBI_800601

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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"/> | 5095103893 | PREMIER TAXIS PTE. LTD. | 200304975H | GFT | Third Party | SHC6209R | SHC6209R | 20/10/2017 | |

TP Claims against NTUC Income: Follow-Through Survey

Date : 28/06/2018

| S/No | Income Reference | Claimant (Owner / Taxi Company) | Claimant Vehicle No. | Income Vehicle No. | Date of Accident | Time of Accident | Estimate |
|------|------------------|---------------------------------|----------------------|--------------------|------------------|------------------|-------------|
| 1 | MT/0999866-002 | COMFORT TRANSPORTATION | SHC 1323B | SLL 1445M | 22/6/2018 | 21:35 | \$ 2,161.78 |
| 2 | MT/0999842-002 | COMFORT TRANSPORTATION | SHD 7206L | SHC 6209R | 23/06/2018 | 22:55 | \$ 2,437.38 |

Claim received from LKK Auto

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 | 25/06/2018 07:23 |
| Date Of Accident | 23/06/2018 22:55 |
| Exact Location Of Accident | AIRPORT BLVD TWDS P I E. |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHD7206L |
| 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 |
| 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 | MS FIRST CAPITAL INSURANCE LTD |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | YES |
| Policy Number | D-18088936MFSH |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------------|
| Name of Driver | TAN AIK LEONG(CHEN YILIANG) |
| NRIC No | S7807293H |
| Date Of Birth | 18/03/1978 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 30/10/1998 |
| Driving Experience | 19 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-83432482 |
| Fax Number | |
| Contact Number | |
| Email Address | TANAILLEONG463@GMAIL.COM |

| | |
|---|------------------------|
| Address | 6 04-58 BOON KENG ROAD |
| Postcode | 330006 |
| 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 | |
| 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) | 2 |
| Passenger 1 | NAME: : - GENDER: : MALE |

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

SEE ATTACH.

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 | SHC6209R |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | MUSA |
| NRIC/Passport Number | |
| Contact Number | 81632215 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | FRT |

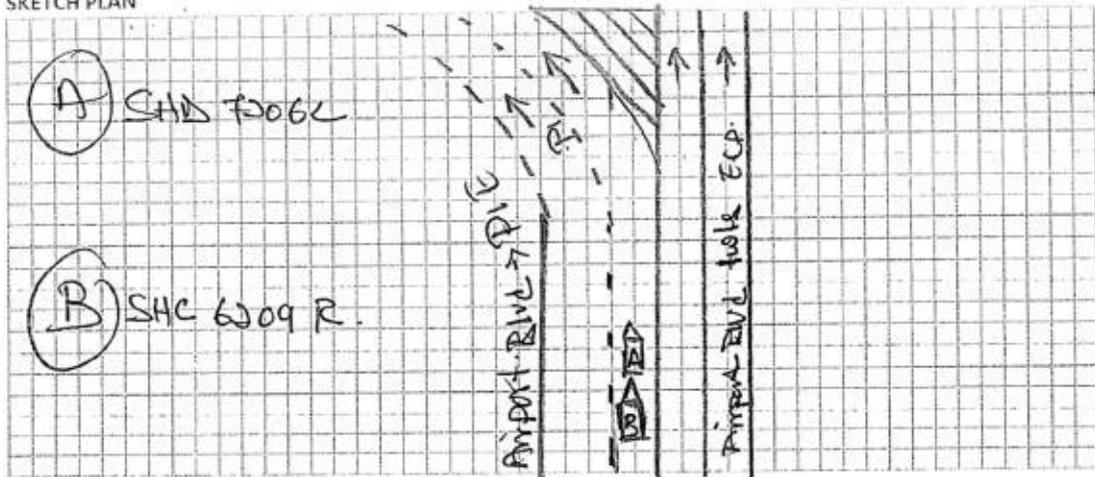
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

| | |
|---|-----------------------------|
| Name | TAN AIK LEONG(CHEN YILIANG) |
| Approximate Age | 40 |
| Injuries Sustain | NECK,BACK |
| Injured person in which vehicle? | SHD7206L |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON. 23 June 2018 @ 2255 hrs. I

VEH 'A' was driving along Airport Blvd towards

PIE. By the PIE Exit I VEH A

was on 3rd lane slow down and stop

Suddenly VEH B from Rear hit VEH A Rear.

at the point of accident I VEH A

feeling a male pax. he was OK.

DECLARATION

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

COMFORT TRANSPORTATION
CC REG. NO. 199003821R

Policyholder's Signature
Date & Time:

. X my

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

J. Maw 24/6

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

Sketch Plan Pg. 2

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)**

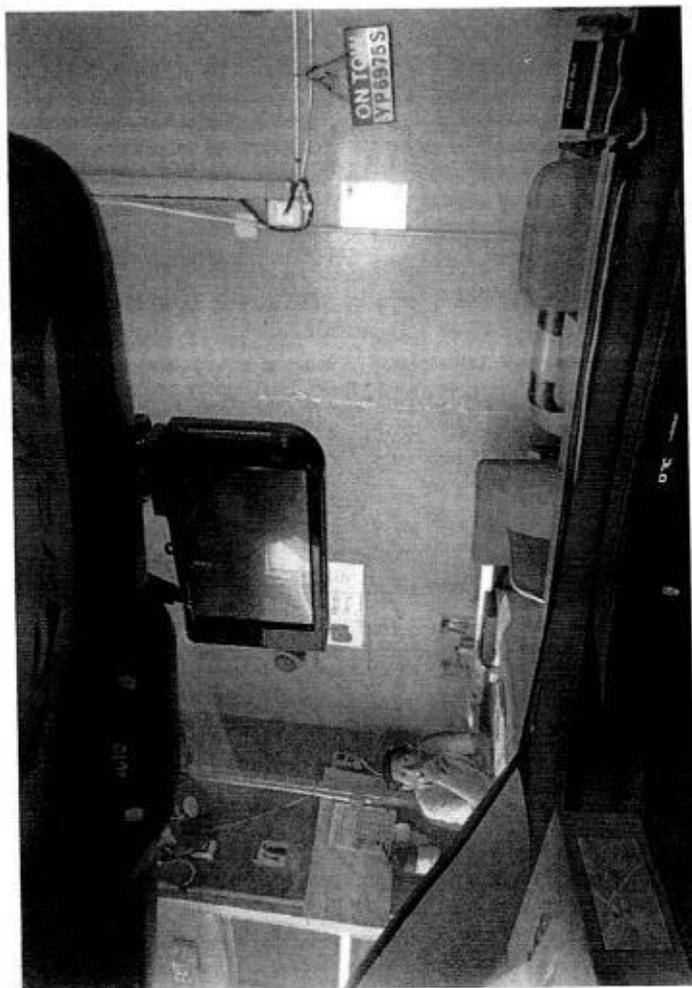
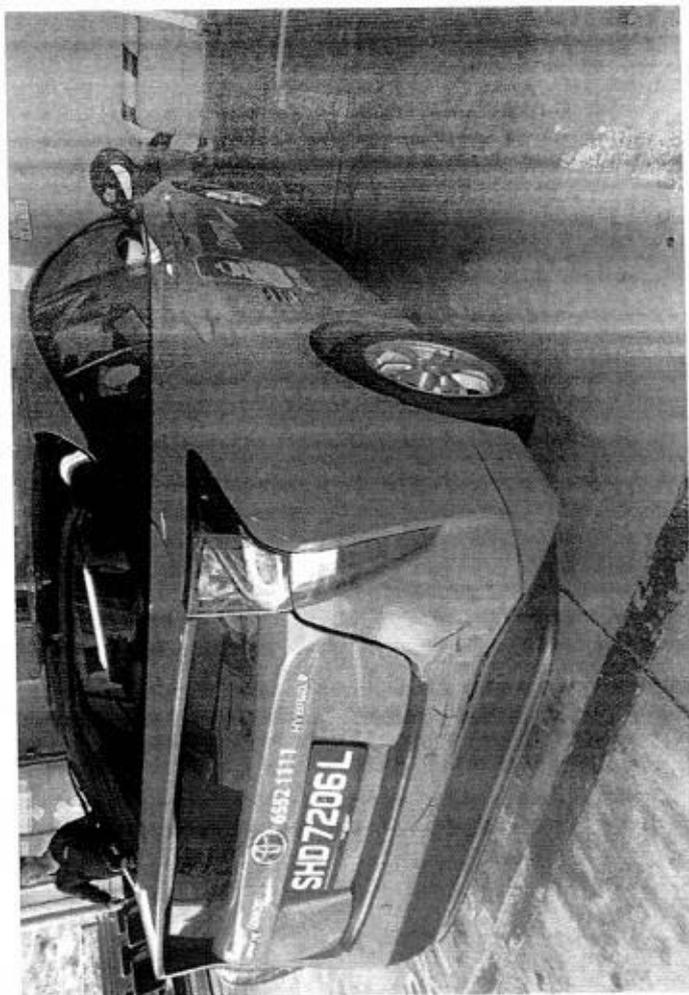
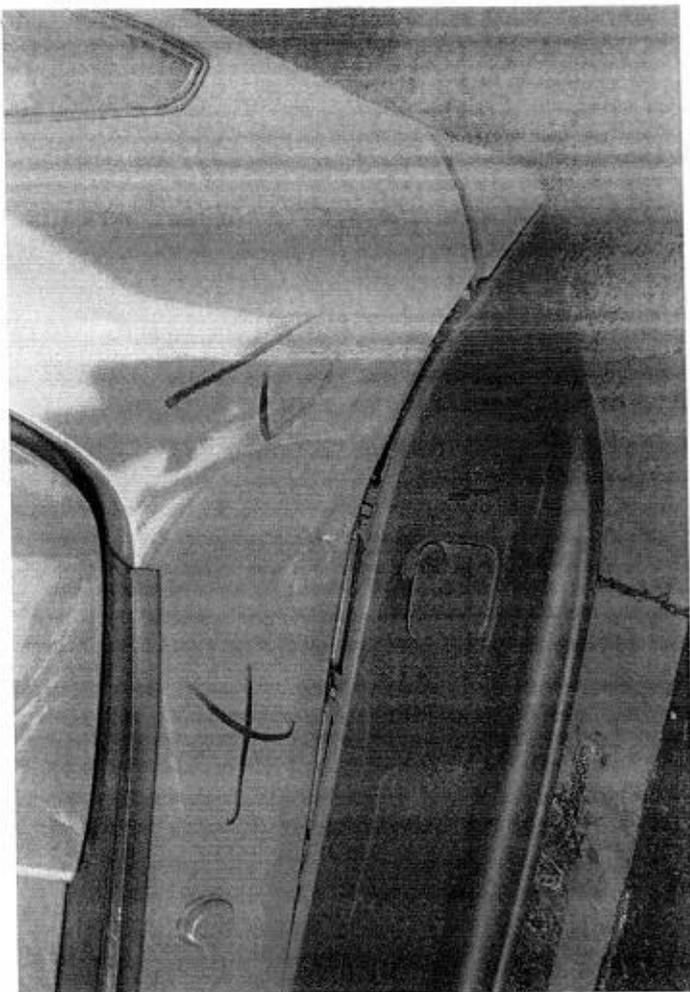
I understand, acknowledge, agree and consent that:

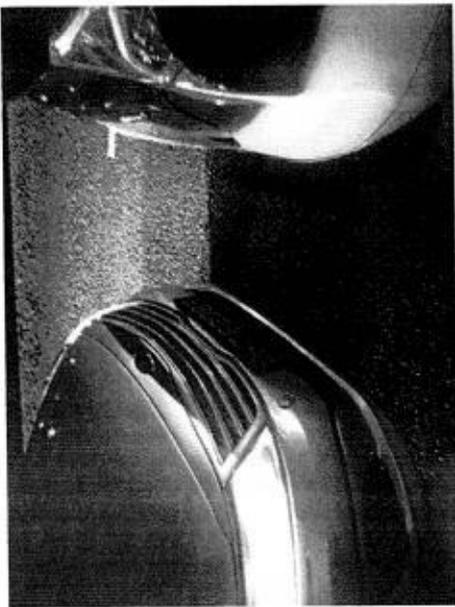
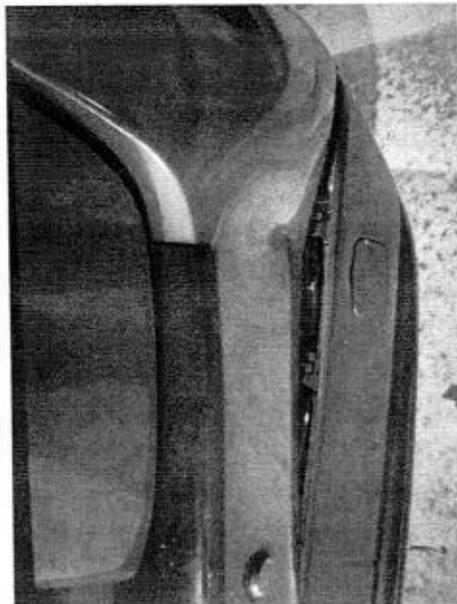
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

COMFORT TRANSPORTATION PTE LTD
 REG NO. 199303821R
 Policyholder's Signature
 Date & Time:

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

[Signature] 24/6
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:





Workshops

59 Loyang Drive Singapore 508985
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
322 Woodlands Road Singapore 730869

24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
6 Defu Avenue 1 Singapore 539537

Date/Time: 25.06.2018 09:11

Page : 1

A member of COMFORTDELGRO

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 3834234

JC NO: 305179131

| | | |
|---|---|-------------------------|
| CUSTOMER COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (O) (P) | REGN NO: SHD7206L | MILEAGE |
| | MAKE: TOYOTA | FUEL E.....1/2.....F |
| | MODEL: PRIUS HYBRID(G4)24.06.2018 08:35 | DATE/TIME IN |
| | YR OF MANU: 18.11.2016 | TARGET DATE |
| | CHASSIS CODE: JTDKB3FU903537673 | COMPLETION DATE/TIME: |

NTUC

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 23.06.2018
NATURE: 3P 23.06.18/B

| 3/NO | LABOR CODE | DESCRIPTION |
|------|------------|-------------|
|------|------------|-------------|

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHD7206L
 Job No.: JU NTUC LKK

Vehicle No.: SHD7206L

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

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

JOB NO : 305179131
 REGN NO : SHD7206L
 MILEAGE : 0000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(G4)
 DATE OF REGN : 18.11.2016
 DATE/TIME IN : 24.06.2018 08:35
 ACCIDENT DATE : 23.06.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

| | | | | | | |
|------|-------------------|---------------------------|----|----------------|-------|----------------------|
| 0001 | 04-01-0302-2282-G | PRIG4 COVER REAR BUMPER | 1 | 458.60 | 25.00 | 343.95 |
| 0002 | 04-01-0302-2287-G | PRIG4 GUARD-REAR BUMPER C | 1 | 552.69 | 25.00 | 414.52 |
| 0003 | 04-01-0302-2267-G | PRIVC BUMPER PIECE | 10 | 22.00 | 25.00 | 16.50 |
| 0004 | 04-01-0302-2288-G | PRIG4 REINFORCEMENT SUB-A | 1 | 318.80 | 25.00 | 239.10 |
| | | <i>Towing Cover</i> | | <i>\$14.70</i> | | |
| | | | | | | SUB-TOTAL : 1,014.07 |

JOB NATURE

| | | | | | | |
|------|--------|-----------------------------|--|--|--|--------------------|
| 0000 | L | REAR BUMPER MAT | | | | 50.00 |
| 0001 | L | PANEL BEATING- REAR | | | | 200.00 |
| 0002 | 23-502 | SPRAYPAINT ON AFFECTED AREA | | | | 200.00 |
| 0003 | L | REMOVE/REFIX REVERSE SENSOR | | | | 30.00 |
| | | | | | | SUB-TOTAL : 480.00 |

COMFORTDELGRO ENGINEERING PTE LTD

Date: 26.06.2018

Time: 11:20:52

REPAIR ESTIMATE

Page: 2

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

JOB NO : 305179131
REGN NO : SHD7206L
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(C
DATE OF REGN : 18.11.2016
DATE/TIME IN : 24.06.2018 08:35
ACCIDENT DATE : 23.06.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,494.07
1505.09

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305179131

Date : 26/06/2018

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

: SHD7206L

Date of Accident : 23/06/2018

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

- The repair job shall bill to: NTUC --- SHC6209R
###
- The finalized amount shall be:

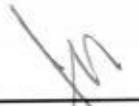
| | | |
|--|-----|------------------|
| (a) Spare Parts after List discount | | <u>\$1025.09</u> |
| (b) Labour Charges | ### | <u>\$480.00</u> |
| Total for Part-By-Part Repair Cost | | <u>\$1505.09</u> |
| (c) Lumpsum Repair (if applicable) | | |
| Total for Lumpsum repair cost after Less: <u>20%</u> | | |
| Final Lumpsum Repair cost | | |

3. Estimated normal period for repairs: 2 working days

4. **We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days**

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Name : JUMANI

Tel : 6214 8315

Fax : 65468156

Signature : 

Name : Kalvin

Date : 26/6/18

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:

CHECK ITEMS:



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/INC18011579/K1qbn2 | |
| 73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556 | Date: 02-07-2018 |
| Code: INC4 | |



1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|----------------|----------------|------------|
| Insured Veh. | SHC 6209R | Veh. Inspected | SHD 7206L |
| Policy No. | 5095103893 | Coverage (\$) | 0.00 |
| Claim No. | MT/0999842-002 | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 25/06/2018 |

2. Vehicle Particulars & Condition

| | | | |
|--------------|-------------------|--------------|--------------------|
| Make & Model | TOYOTA PRIUS | c.c | 1798 |
| Engine No. | HIDDEN | Year of Reg. | 2016 |
| Chassis No. | JTDKB3FU903537673 | Colour | BLUE |
| Odometer | 249399 | Steering | IN ORDER |
| Brakes | IN ORDER | Modification | STANDARD ALLOY RIM |
| General | FAIR | | |

3. Conditions 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 of Damages

| |
|--|
| THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS. |
|--|

5. General Information

| | | | |
|----------------|--|-----------------|------------|
| Accident Date | 23/06/2018 | Inspection Date | 25/06/2018 |
| 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 |
|-------------------------------------|----------------|



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. SHD 7206L

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|--|------------------------------|---------------|---------------------------|-------------------|
| REPLACEMENT OF PARTS | | | | |
| 1 | REAR BUMPER | DEFORMED | 458.60 | 458.60 |
| 1 | REAR BUMPER RE-INFORCEMENT | BENT | 318.80 | 318.80 |
| 1 | REAR BUMPER UNDER COVER | CUT | 552.69 | 552.69 |
| 1 | REAR BUMPER SIDE RETAINER | SERVICEABLE | 112.70 | - |
| 1 | REAR BUMPER SPONGE | NOT NECESSARY | 143.40 | - |
| 10 | REAR BUMPER CLIPS | NECESSARY | 22.00 | 22.00 |
| 1 | TAIL LAMP ASSY (LOWER)(RH) | SERVICEABLE | 548.40 | - |
| 1 | TOWING COVER | CRACKED | 14.70 | 14.70 |
| | LESS 25% DISCOUNT | | -542.82 | -341.70 |
| | | | 1,628.47 | 1,025.09 |
| SPECIAL NETT ITEMS | | | | |
| 1 | REAR BUMPER RUBBER MAT (SN) | NECESSARY | 50.00 | 50.00 |
| | | | 50.00 | 50.00 |
| LABOUR | | | | |
| | PANEL BEATING. | | 350.00 | 200.00 |
| | SPRAY PAINTING CHARGE. | | 250.00 | 200.00 |
| | WIRING CHARGE. | NOT NECESSARY | 50.00 | - |
| | REMOVE/REFIX REVERSE SENSOR. | | 120.00 | 30.00 |
| | | | 770.00 | 430.00 |
| GRAND TOTAL | | | 2,448.47 | 1,505.09 |
| RECOMMENDED COST OF REPAIRS (CONFIRMED) | | | | 1,505.09 |

Report Ref No. NS/INC18011579/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 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.