

(08/11/13)

Surveyor: Kalvin

REF:

NS/INC18011581 / Klvbnz

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD TP / INS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: RD 6235R

Policy No. 508573 0780 - 01 160917

Claims No. MT/1000672-001

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

Bal. 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 6639C Yr Regn: 9 Apr 2015

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

Truck / Trailer or

Make: Hyundai Z4 c.c. 1685

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 335213 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: 1KMHL8414MFA06792X

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: 205/60R16

R: \_\_\_\_\_

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

TOYO / YOKO or Wendle

Front 7 mm Rear 7 mm

R/Bal. 7 mm L/Bal. 7 mm

D.O.A. 21/6/18 D.O.I. 25/6/18

Survey held at LDGE (Loyang)

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or Rear o/s

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SHD 6639C - X <span style="float: right;">JMC</span>
	RD 6235R - X <span style="float: right;">Ys</span>
27/6/18	Checked UPS \$900 / 2 hrs (Red 650.48, 4>7)
RECEIVED 20 JUN 2018	

Date/Time, File Pass to?  : Preli. Report

1)  : Final Report

Date/Time, File Return to?

2) 28/6 - typist

Report Format: TP

Lump Sum / I.B.I: (\$ 900/2)

Days Of Repair: 2

Resurvey No. of Trip: 1

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

Survey Fee:	
Transportation:	
\$ + RS. \$1	
Photos	
Others	
TOTAL	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/INC18011581/K1vb

73 BRAS BASAH ROAD  
#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 26-06-2018  
189556



Code: INC4

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	RD 6235R	Veh. Inspected	SHD 6639C
Policy No.	5085730780-01	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

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### 5. General Information

Accident Date	21/06/2018	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.
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## Veron Chen (LKKAuto)

**From:** mtreg <mtreg@income.com.sg>  
**Sent:** Thursday, 28 June 2018 11:30 AM  
**To:** Veron Chen (LKKAuto)  
**Subject:** REQUEST FOR CLAIM NUMBER

Hi,

All claims created.

With Regards

Samsia  
Senior Admin Assistant, Motor Insurance  
[www.income.com.sg](http://www.income.com.sg)



**From:** Veron Chen (LKKAuto) [mailto:veronchen@lkkauto.com]  
**Sent:** Thursday, June 28, 2018 9:45 AM  
**To:** mtreg <mtreg@income.com.sg>  
**Subject:** REQUEST FOR CLAIM NUMBER

Dear Sir/Madam,

Please provides us claim number

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle
1	MT/1000672-001	COMFORT TRANSPOTATION PTE LTD	SHD 6639C	RD 6235R
2	MT/0999339-002	CITYCAB PTE LTD	SHC 458C	SJJ 5942C
3	MT/1000675-001	COMFORT TRANSPOTATION PTE LTD	SHA 3488G	FZ 2052D

D.O.A	Time of Accident	Estimate	Tentative repair cost
21/6/2018	10:30	\$1,550.48	\$900.00
20/6/2018	10:00	\$3,782.10	\$1,400.00
24/6/2018	10:50	\$2,481.58	\$300.00

Best Regards,

**Veron Chen** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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#### Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

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)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5085730780-01	HDT SINGAPORE TAXI PTE. LTD.	201609494H	GFT	Comprehensive	RD6235R	RD6235R	16/09/2017	

Continue

## 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	21/06/2018 16:46
Date Of Accident	21/06/2018 10:30
Exact Location Of Accident	HAVELOCK SQUARE TAXI STAND
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6639C
<b>Insured/Policyholder</b>	
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	HYUNDAI
Model	I40
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	NG HOCK TAYE @ LEE KAH HIN
NRIC No	S2505053C
Date Of Birth	22/07/1953
Occupation	OUTDOOR
Date Of Driving Pass	11/01/1975
Driving Experience	43 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87173501
Fax Number	
Contact Number	
EMail Address	NGHOCKTAYE@GMAIL.COM

Address	BLK 291C BUKIT BATOK STREET 24 #17-27
Postcode	652291
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?	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)	1

#### 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

PLS REFER TO 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	RD6235R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	LEFT FRT
No. Of Passenger (Including Driver)	

**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.
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5. Any false reporting may be referred to the Police for investigation.
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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  
CD REG NO 199303321R

Policyholder's Signature  
Date & Time:

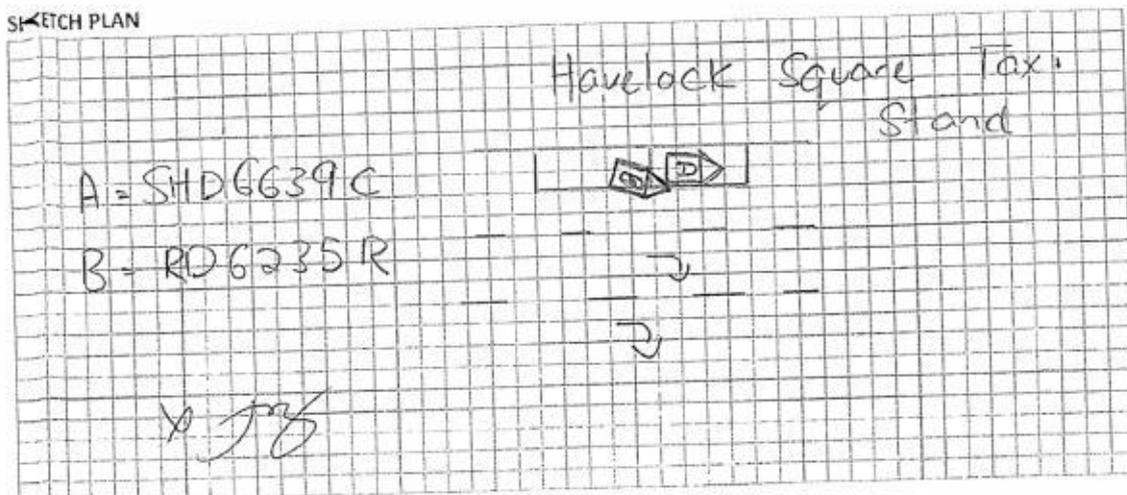
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Teo Yen Yee

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21/6/18 @ abt 1030hrs, I stopped my taxi at above location. Shortly after I felt a slight impact from <sup>the</sup> rear of my taxi. I stepped out to check & found that a taxi RD6235R left front portion grazed against the rear right portion of my taxi. No pax on board & no one is injured at the point of accident.

DECLARATION

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

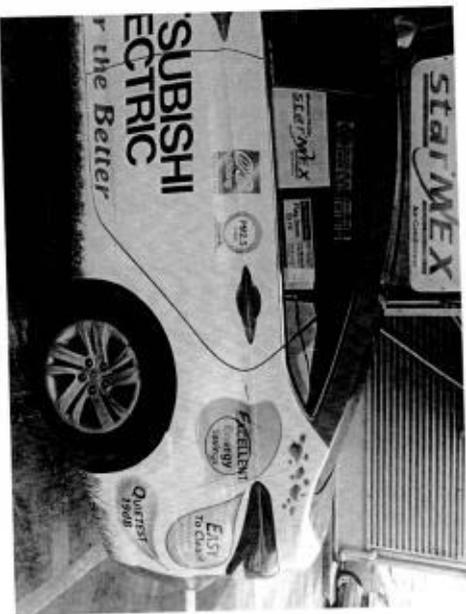
COMFORT TRANSPORTATION PTE LTD  
CO REG NO 199303821R

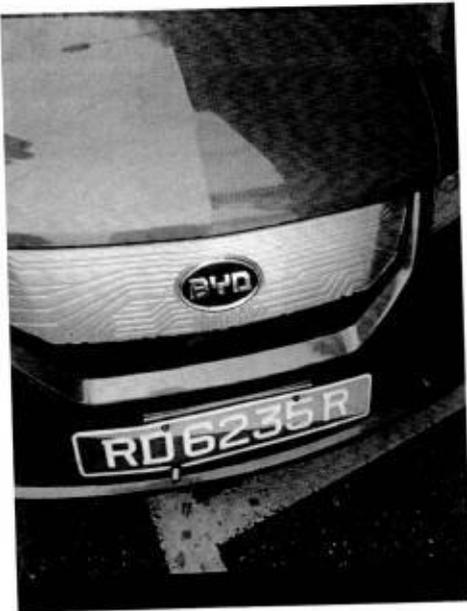
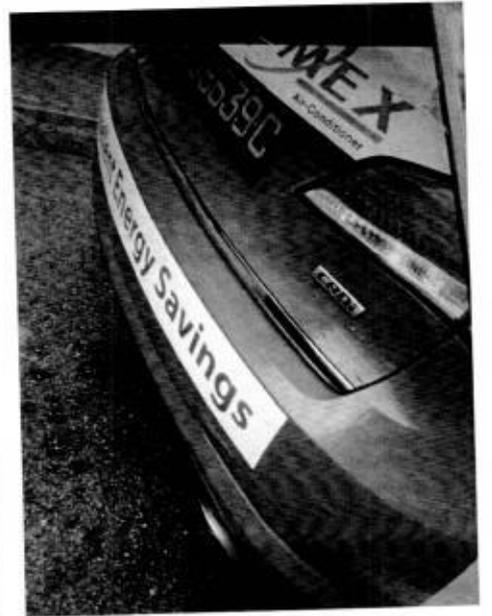
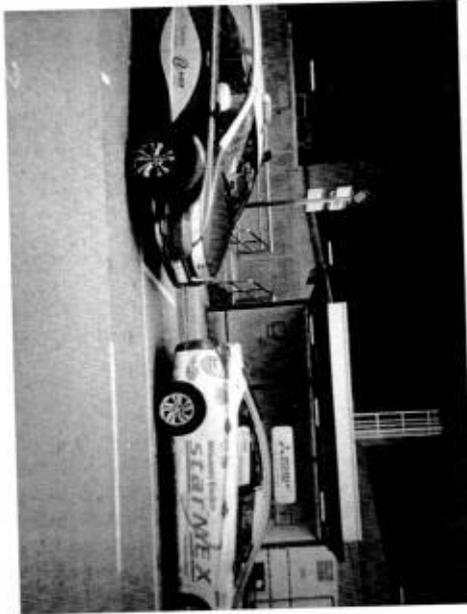
Policyholder's Signature  
Date & Time:

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

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

Teo Yen Yee





Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 3834497 JC NO.: 305179315

CUSTOMER <b>COMFORT TRANSPORTATION PTE LTD</b> 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (P)	REGN NO: SHD6639C	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 25.06.2018 09:50
	YR OF MANU 09.04.2015	TARGET DATE
	CHASSIS CODE KMHLB41UMFU067934	COMPLETION DATE/TIME:

*NTUC*

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 21.06.2018  
 NATURE: 3P 21.06.18/B-

S/NO	LABOR CODE	DESCRIPTION
------	------------	-------------

CHECKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Wedge Slip

Exit Pass

No.: SHD6639C FZ NTUC LKK

Vehicle No.: SHD6639C

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE\*

VEHICLE NO : SHD 6639C

*NTUC / LKK*

DATE 25/6/2018 15:19

*72*

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper <i>Detached</i>			\$ 603.60	
	Rear Bumper Clips <i>nc</i>			\$ 22.00	
	SUB TOTAL			\$ 625.60	
	LESS 20%			\$ 125.12	
	DISCOUNTED TOTAL			\$ 500.48	
	Rear Bumper Advertisement Logo <i>nc</i>			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH) <i>nc</i>		\$ 100.00	\$ 200.00	Nett
				\$ 250.00	
	<b>Labour Charge</b>				
	Panel Beating			\$ <del>380.00</del> <i>200</i>	
	Spray Painting Charge			\$ <del>250.00</del> <i>200</i>	
	Wiring Charge			\$ <del>50.00</del> <i>X 22</i>	
	R/Refix Reverse Sensor			\$ <del>120.00</del> <i>X 22</i>	
	TOTAL LABOUR			\$ 800.00	
	ESTIMATE TOTAL			\$ 1,550.48	

*Kalvin*  
*25/6/18 1600h*  
*2 hrs.*  
*45*  
*After Repair pH*

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:

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

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508989  
Fax: 6546 8156

Our Job Ref No : 305179315  
Date : 27.06.2018

## FINALIZATION FORM

To : LKK  
Attn : KALVIN

Fax :

Vehicle Reg No. : SHD6639C Date of Accident : 21.06.2018

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

1. The repair job shall bill to: NTUC --- RD6235R
2. The finalized amount shall be:
 

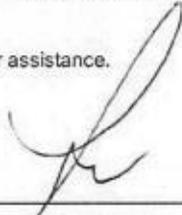
(a) Spare Parts after List discount	<u>\$0.00</u>
(b) Labour Charges	<u>\$0.00</u>
<b>Total for Part-By-Part Repair Cost</b>	<u>\$0.00</u>
(c) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	<u>\$900.00</u>
<b>Final Lumpsum Repair cost</b>	<u>\$900.00</u>

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 : FAUZY BIN MOKHTAR

Tel : 62148319

Fax : 65468156

Signature : 

Name : Calvin

Date : 27/6/18

### 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:

\_\_\_\_\_

\_\_\_\_\_



# 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/INC18011581/K1vbn2
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 28-06-2018
		Code: INC4



1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	RD 6235R	Veh. Inspected	SHD 6639C
Policy No.	5085730780-01	Coverage (\$)	0.00
Claim No.	MT/1000672-001	Excess (\$)	0.00
Assign From		Assign Date	25/06/2018

2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU067934	Colour	BLUE
Odometer	335713	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/60 R16	WEST LAKE	7 mm
L/H Front Tyre	205/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	7 mm

4. Description of Damages  
 THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION.  
 DAMAGES SEE DETAILS.

5. General Information			
Accident Date	21/06/2018	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 6639C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR BUMPER	DEFORMED	603.60	603.60
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
	LESS 20% DISCOUNT		-125.12	-125.12
			500.48	500.48
<b>SPECIAL NETT ITEMS</b>				
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
			250.00	250.00
<b>LABOUR</b>				
	PANEL BEATING.		380.00	200.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	R/REFIX REVERSE SENSOR.	NOT NECESSARY	120.00	-
			800.00	400.00
<b>GRAND TOTAL</b>			<b>1,550.48</b>	<b>1,150.48</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>900.00</b>

Report Ref No. NS/INC18011581/K1vbn2

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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