

22/03/2002

ASS. REC. BY:

REF:

CS3 | SMO18 011590 / G24d302

Special Instruction:

Surveyor:

GQ

ASSIGNMENT (Office)

From (Person):

Grace Teo

of

SMO

Date/Time:

25/6/18 @ 3:56pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKZ 1000B

Insured:

SJS 6178M

at Workshop m/s

Uni Automotive

Tel:

9798 1616

of

1 Kaki Bukit Ave 6 #01-94 Autobay

Policy No:

Claim No:

CMTD1802679 / NSW

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

24/06/2018

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

10:42am @ 26/6/18

Person Contacted:

Alvin

Vehicle:

IN / OUT

Date/Time

Action/Instruction ( X ) Estimate

SKZ 1000B - X

SJS 6178M - X.

27/6/18

Dismantled

PRs  
Khal

REF: SMO

ASSIGNMENT

From: Date: 26/06/2018

Estimated Cost:

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

To Inspect Vehicle No: SKZ 1000B  
at Workshop n/s Uni Automotive  
of 1 Kaki Bukit Ave 6 # 01-94

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh: 9798 16160 Alvin

(Policy Condition)

Remark: The veh had commenced its  
repair at the time of inspection.

Bal. or Market Value:

IDAC Accident Rpt: Consistent?: Yes or No

GIA / PR Seen: Consistent?: Yes or No

Est. Repairs: 6 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS <sup>up</sup>

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: SKZ 1000 B Yr Regn: 14 Aug 2009

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

Truck / Trailer or

Make: Subaru Forester 2.0 1994

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

Sp. Reading: 109526 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JF1SH 5K 8 59 G 016289

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: 235/50 R18

R: 11

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

TOYO / YOKO or FALKEN

Front

Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. D.O.I. 26-06-18

Survey held at w/s 3:30pm

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

N/S Frt

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

Date / Time Action / Instruction

\$6000 - \$7000.

29/6/18 Submit PRS Report

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

Survey Fee:

Transportation:

) S + RS. SI

) Photos

) Others

Report Format :

Lump Sum / I.B.I. (\$)

TOTAL

100

60

160

**From:** Teo, Grace <grace.teo@sompo.com.sg>  
**Sent:** Monday, 25 June 2018 3:56 PM  
**To:** PRI Cpaglar; admin-d@lkkauto.com; assignments@lkkauto.com  
**Cc:** Ngo, Sau Wei Shawn  
**Subject:** CMTD1802679/NSW - SUV(LKK)/ SJS6178M & SKZ1000B ACC ON 24.06.18

Our Reference : CMTD1802679/NSW  
Your Reference: CP/PRI/ SKZ1000B /18.ld (sf)

Date: 25<sup>th</sup> June 2018

**Without Prejudice**  
EMAIL ONLY

**Attention:**  
**M/S C PAGLAR & CO**

Dear Sir/ Madam,

**ACCIDENT INVOLVING YN6502J & SLE616E ON 04.06.2018**

We refer to your email reply of instant.

We do not agree to your list of surveyors.

As such, we will be appointing our motor surveyor, **LKK AUTO** to conduct the pre-repair survey of your client's vehicle.

*Kindly provide us the address of location and contact for our motor surveyor to conduct the pre-repair survey.*

The pre-repair survey will include a survey of the vehicle when its damaged parts are being dismantled prior to the commencement of repairs.

We would like our motor surveyor to conduct a post repair inspection once your client's vehicle has been repaired.

The survey is conducted on a without Prejudice basis and without any admission of liability.

Yours faithfully,

Best Regards  
**Grace Teo**  
Claims Division  
D: 6329 5170 | T: 6461 6555 | F: 6221 3147



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**A Century of Trust**

**Sompo Insurance Singapore Pte. Ltd.**

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623

**Website:** [www.sompo.com.sg](http://www.sompo.com.sg) | **Facebook:** [www.facebook.com/SompoSG](https://www.facebook.com/SompoSG)

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**From:** PRI Cpaglar [mailto:pri@cpaglar.com.sg]

**Sent:** Monday, June 25, 2018 3:40 PM

**To:** Teo, Grace; Ngo, Sau Wei Shawn

**Subject:** Re: CMTD1802679/NSW - PRI/ SJS6178M & SKZ1000B ACC ON 24.06.18

**WITHOUT PREJUDICE**

Dear Grace,

We enclose herewith our letter dated 25th June 2018 for your attention.

Thanks and Regards.

Linda Md Shah

on behalf of C Paglar & Co

GST Registration No. M90371275E

On Mon, Jun 25, 2018 at 3:01 PM, Teo, Grace <[grace.teo@sompo.com.sg](mailto:grace.teo@sompo.com.sg)> wrote:

Our Reference : CMTD1802679/NSW

Your Reference: CP/PRI/ SKZ1000B /[18.id\(sf\)](#)

**Without Prejudice**

EMAIL ONLY

Date: 25<sup>th</sup> June 2018

**Attention:**

**M/S C PAGLAR & CO**

Dear Sir/ Madam,

**ACCIDENT INVOLVING YN6502J & SLE616E ON 04.06.2018**

We refer to your Notice of Accident dated 25/06/2018 via fax.

Kindly re-direct your future motor claims survey request to [motorsurvey@sompo.com.sg](mailto:motorsurvey@sompo.com.sg)

Please be informed that Shawn Ngo the handler of this case.

We intend to conduct a pre-repair survey of the damage to your client's/your customer's vehicle jointly with your client/your motor workshop. We propose to use one of the motor surveyors named in the attached list to conduct the joint pre-repair survey as a single joint expert.

**Pre-Repair Survey**

	<b>Motor Surveyor</b>	<b>Surveyor</b>	<b>Selection (Indicate as tick)</b>
1	Raleigh Services	Andrew Ow Yong	
		Vincent Ng	
2	LKK Auto Consultants	Kenneth Kong (North area)	
		Marcus Chua (East area)	
		Mohd Rasul (West area)	
		Mohd Taufikh (West area)	
3	Priority Services	Jimmy Lee	
		Lawrence Ng	
		Jeffrey Ong	
4	JP Knights Adjusters & Surveyors	Jason Lek	
5	In House surveyor	Teo See Ling	

Please let us know within **two (2) working days** whether you agree to the appointment of any of these motor surveyors as a single joint expert. You may select up to two of the listed motor surveyors. We will bear the cost of the pre-repair survey carried out by the single joint expert.

Best Regards

**Grace Teo**

Claims Division

D: 6329 5170 | T: 6461 6555 | F: 6221 3147



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# CPc

## C PAGLAR & CO

ADVOCATES & SOLICITORS

UEN NO. 53130985A

GST REGISTRATION NO. M90371275E

50 Chin Swee Road  
#05-03 Thong Chai Building  
Singapore 169874  
Telephone: (65) 6536 5456  
Facsimile: (65) 6836 2195  
Email: pri@cpaglar.com.sg

SERVICE OF COURT DOCUMENTS BY FACSIMILE WILL NOT BE ACCEPTED

PLEASE QUOTE OUR FILE REFERENCE WHEN REPLYING

Your Reference: SJS 6178M  
Our Reference: CP/PRI/SKZ1000/18.ld

Date : 25<sup>th</sup> June 2018

**SOMPO INSURANCE SINGAPORE PTE LTD**

ATTN: MOTOR CLAIMS DEPT

BY EMAIL: [motorsurvey@sompo.com.sg](mailto:motorsurvey@sompo.com.sg)

Dear Sirs,

CORRESPONDENCE PURSUANT TO PARAGRAPH 2.9 OF THE PRE-ACTION PROTOCOL FOR NIMA CASES

We refer to your email dated 25<sup>th</sup> June 2018.

Please note that the said vehicle can be inspected at:

UNI AUTOMOTIVE PTE LTD  
1 Kaki Bukit Avenue 6  
#01-94 Autobay@KB  
Singapore 417883  
Contact No.: 9798 1616 (Alvin)

**KINDLY REPLY BY EMAIL ONLY: [pri@cpaglar.com.sg](mailto:pri@cpaglar.com.sg)**

Please note that the vehicle will only be available for the pre-repair inspection within the next 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday, the said workshop will commence repairs thereafter without any further notice or reference to you. All our client's rights are expressly reserved.

Yours faithfully,

**C PAGLAR & CO**

cc. [Client by Fax 6747 2373 Only] – (SKZ 1000B)

**FOR SURVEYOR**

Please initial here after completion of pre-repair inspection.  
Thank you

.....  
Appointed Surveyor (Name & Signature)

.....  
Date & Time of Inspection

Form 3

MSME18081541 / SME Motor Pte Ltd - Kaki Bukit  
ENTRY DATE & TIME: 25/06/2018 13:58  
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	25/06/2018 13:58
Date Of Accident	24/06/2018 16:20
Exact Location Of Accident	SERANGOON GARDEN WAY & BRIGHTON AVE
Country/State of Loss	SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SKZ1000B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SHALINDA BALAKRISHNAN
NRIC No	S9137160Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97539613
Alternative Phone No	OFFICE-97539613

**Vehicle Particulars**

Manufacturer	SUBARU
Model	FORESTER
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	PRIVATE CAR

**Insurance Company**

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA086175
Cover Note Number	

**Driver**

Name of Driver	BALAKRISHNAN S/O JAGANATHAN
NRIC No	S1575240H
Date Of Birth	10/10/1963
Occupation	INDOOR
Date Of Driving Pass	25/07/1989
Driving Experience	28 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90261157
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 5B LIM TUA TOW ROAD  
 Postcode 547717  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured PARENT  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

#### General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD  
 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

I WAS DRIVING ALONG SERANGOON GARDEN WAY TOWARDS SERANGOON GARDEN. OUT OF SUDDEN, VEHICLE B (SJS6178M) DASH OUT FROM BRIGHTON AVE, HIT ONTO MY VEHICLE A (SKZ1000B) LEFT FRONT SIDE PORTION.

#### 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 SJS6178M  
 Vehicle Make/Model/Colour  
 Details Of Properties VEHICLE B  
 Vehicle Category PRIVATE CAR  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)



## Sketch Plan Pg. 1

## SKETCH PLAN

## 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 reputate 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.

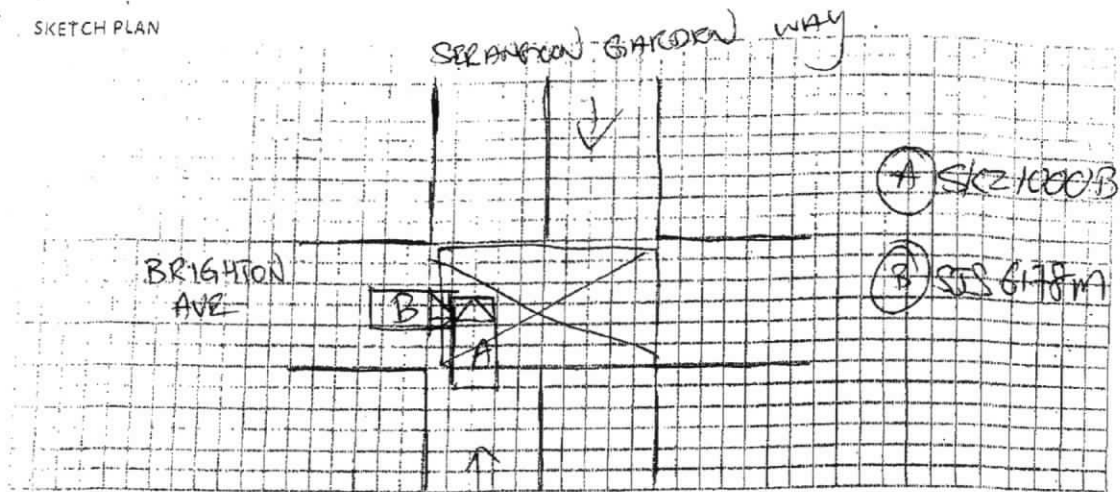
Policyholder's Signature:  
Date & Time:

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

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

## Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG SERANGGON GARDEN WAY TOWARD SERANGGON GARDEN. OUT OF SUDDEN VEHICLE (B) SJS 678M DASH OUT FROM BRIGHTON AVE HIT CAR MY VEHICLE (A) SKZ 1000B LEFT FRONT SIDE PORTION.

## DECLARATION

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

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.:

> **Back to OneMotoring**

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	7160Z
Vehicle Details	
Vehicle No.:	SKZ1000B
Vehicle to be Exported:	No
Intended De-registration Date:	28 Jun 2018
Vehicle Make:	SUBARU
Vehicle Model:	FORESTER 2.0X AWD 4AT D/AIRBAGS
Primary Colour:	White
Manufacturing Year:	2008
Engine No.:	EJ20D628476
Chassis No.:	JF1SH5KS59G016289
Maximum Power Output:	110.0 kW (147 bhp)
Open Market Value:	\$21,108.00
Original Registration Date:	14 Aug 2009
First Registration Date:	14 Aug 2009
Transfer Count:	1
Actual ARF Paid:	\$21,108.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	13 Aug 2019
PARF Rebate Amount:	\$11,609.00
Intended COE Rebate Details	
COE Expiry Date:	13 Aug 2019
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	\$18,890.00
COE Rebate Amount:	\$2,127.00
<b>Total Rebate Amount:</b>	<b>\$13,736.00</b>

The information contained herein is correct as at 28 Jun 2018

OK


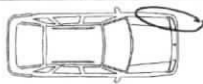
**LKK Auto Consultants Pte Ltd**

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				
SOMPO INSURANCE SINGAPORE PL		Ref: CS3/SMO18011590/Gz4d3e2		
50 RAFFLES PLACE #05-01/06		Date: 26-06-2018		
SINGAPORE LAND TOWER SINGAPORE 048623		Code: SMO		
<b>1. Policy Particulars :- (THIRD PARTY CLAIM)</b>				
Insured Veh.	SJS 6178M	Veh. Inspected	SKZ 1000B	
Policy No.		Coverage (\$)	0.00	
Claim No.	CMTD1802679/NSW	Excess (\$)	0.00	
Assign From	GRACE TEO	Assign Date	25/06/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	SUBARU FORESTER 2.0	c.c	1994	
Engine No.	HIDDEN	Year of Reg.	2009	
Chassis No.	JF1SH5KS59G016289	Colour	WHITE	
Odometer	109526 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	235/50 R18	FALKEN	6 mm	
L/H Front Tyre	235/50 R18	FALKEN	6 mm	
R/H Rear Tyre	235/50 R18	FALKEN	6 mm	
L/H Rear Tyre	235/50 R18	FALKEN	6 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION.				
<b>5. General Information</b>				
Accident Date	24/06/2018	Inspect Date / Time	26/06/2018 ( 03:30 PM )	
Survey held at	UNI AUTOMOTIVE PL 1 KAKI BUKIT AVE 6, #01-94(AUTOBAY @ KAKI BUKIT)SINGAPORE 417883			
<b>5a. Remarks</b>				
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) THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$6,000-\$7,000				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		6 Working Days		

Report Ref No. CS3/SMO18011590/Gz4d3e2

**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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