

ASS. REC. BY:

REP. CS3/AGI 18011944/N24d3b2

Special Instruction:

Surveyor: NAZ

ASSIGNMENT (Office)

From (Person): Julie Mergubut

of AGI

Date/Time: 29/6/18 @ 409pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SKN 2199T

Insured: SKW 5778E

at Workshop m/s Tecum Autopro

Tel: 8269 9999

of No. 8 kaki Bukit Ave 4 # 01-07 premier

Policy No: C10001728 / AH

Claim No: MKR / 404 / 8009 / 2018

Sum Insured: Excess:

Make of Veh: D.O.A. 26/06/2018
(Client's Record)

CA / REV / REP. / REV 24 HRS up

H.O.D. Endorsement:

Date/Time: 5:23pm @ 29/6/18

Person Contacted: Mr. Eric

Vehicle IN OUT

Date/Time	Action/Instruction (X) Estimate
	SKN 2199T-X
	SKW 5778E-X
3/7/18	Disman-Head
11/7/18	After Repair

(08/11/13) wqf

ASS. REC. BY:

NAZ

REF:

AGI

ASSIGNMENT

From:

Date:

02/07/2018

Estimated Cost:

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

To Inspect Vehicle No:

SKN 2199T

at Workshop m/s

Team Autopro

of

No. 8 Kaki Bukit Ave 4 #01-07 premier

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

Enc @ 8269 9999

(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:

7

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS^{up}

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SKN 2199T

Yr Regn:

13 MAR 2008

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

Truck / Trailer or

Make:

HONDA CIVIC type C

c.c 1998

Colour

WHITE

A/C:

Insured / Std / NI / NA

Sp. Reading

221,409

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

FD2-1401915

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

225/45 R17

R:

11

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

26/6/18

D.O.I.

2/7/18 @0249PM

Survey held at

TEAM AUTOPRO

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

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

Date / Time Action / Instruction

Estimated repair range \$6,000 - \$7,000 Range + No. of days

19/8/18 Submit PRS Report

29/8/2018

Date/Time, File Pass to?

☐

Preli. Report

Days Of Repair:

1)

☐

Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

2)

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

100

Transportation:

60

S + RS, SI

60

Photos

Others

TOTAL

220

Report Format :

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

Nivitha (LKK Auto)

From: Julie Mangubat <julie.m@budgetdirect.com.sg>
Sent: Friday, 29 June 2018 4:09 PM
To: SUR; assignments@lkkauto.com
Cc: Albert Hong
Subject: FW: Our Ref: MKR/404/8009/2018/as.wl; Your Ref: Your insured vehicle SKW 5778E; Our ref: C10001728/AH
Attachments: 29062018094214.pdf
Importance: High

Hi Team

Please accept PRI and survey on a without prejudice basis.

Thank you,
-Julie

From: William Lee <william@roypartners.com.sg>
Sent: Friday, June 29, 2018 9:43 AM
To: Customer Care <help@budgetdirect.com.sg>
Cc: 'TeamAuto Pro' <teamautopl@gmail.com>; 'TeamAuto Pro' <teamautooffice@gmail.com>; 'Ashley (Mr)' <ashley@roypartners.com.sg>
Subject: Our Ref: MKR/404/8009/2018/as.wl; Your Ref: Your insured vehicle SKW 5778E;
Importance: High

Our Ref: MKR/404/8009/2018/as.wl;
Your Ref: Your insured vehicle SKW 5778E

Dear Sirs,

Attn: Motor claims department

CLAIMANT : GUO ZHONGREN (OWNER OF SKN 2199T)
ROAD TRAFFIC ACCIDENT INVOLVING VEHICLE NOS. SKN 2199T AND SKW 5778E ALONG CENTRAL EXPRESSWAY ON 26.06.2018 AT ABOUT 2150 HOURS.

We refer to the above matter.

We act for Guo Zhongren, the owner of motor car No. **SKN 2199T**.

We are instructed by our client to notify you of a road traffic accident on 26.06.2018 at about 9.50 pm along Central Expressway involving our client's motor car registration number **SKN 2199T** and motor car registration number **SKW 5778E** driven by your insured at the material time. A copy of the Singapore Accident Statement and traffic police report is enclosed.

As a result of the accident, our client's motor car **SKN 2199T** has been damaged. Before our client proceed to repair the damaged motor car, please let us know within **two (2) working days** of your receipt of this notice whether you would like to conduct a pre-repair survey of our client's motor car **SKN 2199T** at our client's repairer workshop, M/s Team Autopro Pte Ltd at No. 8 Kaki Bukit Avenue 4 #01-07 Premier @ Kaki Bukit Singapore 415875, Your said surveyor may contact Mr. Eric Lee at 8269 9999. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the motor car without further reference to you.

Thanks & regards,

William Lee

M/s Roy & Partners

101 Cecil Street

#11-09 Tong Eng Building

Singapore 069533

Tel : 6536 8466 Fax : 6536 1963

Email : william@roypartners.com.sg

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[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	9282J
Vehicle Details	
Vehicle No.:	SKN2199T
Vehicle to be Exported:	No
Intended De-registration Date:	27 Aug 2018
Vehicle Make:	HONDA
Vehicle Model:	CIVIC TYPE-R 2.0 M
Primary Colour:	White
Manufacturing Year:	2007
Engine No.:	K20A5821978
Chassis No.:	FD21401915
Maximum Power Output:	165.0 kW (221 bhp)
Open Market Value:	\$26,838.00
Original Registration Date:	13 Mar 2008
First Registration Date:	13 Mar 2008
Transfer Count:	5
Actual ARF Paid:	\$29,522.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	12 Mar 2028
COE Category:	E - Open Category
COE Period(Years):	10
PQP Paid:	\$44,998.00
COE Rebate Amount:	\$42,919.00
Total Rebate Amount:	\$42,919.00

The information contained herein is correct as at 27 Aug 2018

OK

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	27/06/2018 13:41
Date Of Accident	26/06/2018 21:50
Exact Location Of Accident	CTE SLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN2199T
Insured/Policyholder	
Name Of Registered Owner	GUO ZHONGREN
NRIC No	S8509282J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98296832
Alternative Phone No	OTHERS-98296832

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-2.0 TYPE-R (M)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	GA330350/1
Cover Note Number	

Driver

Name of Driver	GUO ZHONGREN
NRIC No	S8509282J
Date Of Birth	26/03/1985
Occupation	INDOOR
Date Of Driving Pass	04/02/2010
Driving Experience	8 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98296832
Fax Number	
Contact Number	OTHERS-98296832
EEmail Address	NOEMAIL

Address	BLK 335C ANCHORVALE CRESCENT #13-76 SPORE 543335
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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: : NG YOKE LENG GENDER: : FEMALE

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 SKETCH PLAN/POLICE REPORT

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	SKW5778E
Vehicle Make/Model/Colour	HONDA JAZZ 1.5 VTIR CVT ABS D/AIRBAG 2WD
Details Of Properties	
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)

DETAILS OF INJURED PERSON 1

Name	GUO ZHONGREN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SKN2199T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	NG YOKE LENG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SKN2199T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

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 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.

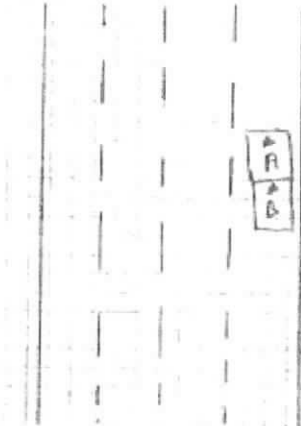
Policyholder's Signature
Date & Time

Or work's Signature
Or driver's not the policyholder
Date & Time

Receiving Centre Personnel's Signature
Name
NRIC/ID No.

Sketch Plan #2

SKETCH PLAN



CTE towards SLE

Vehicle A: SKN 21997

Vehicle B: SKW 5778E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle A was travelling straight.

The vehicle in front of me stopped, I followed suit. Suddenly

Vehicle B hit onto my stationary Vehicle near junction.

Passenger: Ng Yoke Long (Female)

DECLARATION

I/We declare that foregoing particulars are true & correct to the best of my/our knowledge.

Protestor's Signature
Date & Time

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

Reporting Officer's Signature
Name: [Signature]
RECEIVED: 10/03/20



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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/06/2018 12:46	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars

Name of Informant: GUO ZHONGREN			Address: APT BLK 335C ANCHORVALE CRESCENT #13-76 SINGAPORE 543335		
ID Type / ID No.: NRIC NO / S8509282J			Contact No.: Home/Office: Mobile: 98296832		
Nationality: SINGAPORE CITIZEN			Email: maximumswift@gmail.com		
Sex: Male	Age: 33	Date of Birth: 26/03/1985	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: POLICE OFFICER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/06/2018 21:47	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Lamp Post Number: 176				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKN2199T	Car	HONDA	Civic Type-R 2.0M	White	Seriously Damaged	2
SKW5778E	Car	HONDA	Jazz	Yellow		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKN2199T	AXA INSURANCE SINGAPORE PTE LTD			



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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GUO ZHONGREN	ID No.	S8509282J
Related Vehicle	SKN2199T (Car)	Contact No.	98296832
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	26/06/2018	Date Discharge	26/06/2018
No. of Days granted Medical Leave	05	Degree of Injury	Serious
Passenger			
Name	Ng Yoke Leng	ID No.	S8603518I
Related Vehicle	SKN2199T (Car)	Contact No.	81251332
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	26/06/2018	Date Discharge	26/06/2018
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Brief Details.

On the stated date and time, I Vehicle A was travelling straight on my rightful lane.
The Vehicle in front of me stopped, I followed suit. Suddenly Vehicle B hit onto my stationary vehicle rear portion.



**SINGAPORE
POLICE FORCE**



T/20180627/7011

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

3 of 3

Report No. T/20180627/7011

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 / TPIB /
YEO KIA HUAT
Contact No.: 65476325

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
27/06/2018 12:46

Classification Of Case:


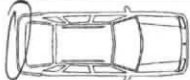
**LKK Auto Consultants Pte Ltd**

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				
AUTO & GENERAL INSURANCE (S) PL		Ref: CS3/AGI18011944/Nz4d3e2		
(BUDGET DIRECT INSURANCE)190 CLEMENCEAU AVENUE #03-01 S S C SINGAPORE 239924		Date: 30-08-2018		
Code: AGI				
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	SKW 5778E	Veh. Inspected	SKN 2199T	
Policy No.	C10001728/AH	Coverage (\$)	0.00	
Claim No.	MKR/404/8009/2018	Excess (\$)	0.00	
Assign From	JULIE MANGUBAT	Assign Date	29/06/2018	
2. Vehicle Particulars & Condition				
Make & Model	HONDA CIVIC TYPE-R	c.c	1998	
Engine No.	HIDDEN	Year of Reg.	2008	
Chassis No.	FD21401915	Colour	WHITE	
Odometer	221409 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	225/45 R17	BRIDGESTONE	6 mm	
L/H Front Tyre	225/45 R17	BRIDGESTONE	6 mm	
R/H Rear Tyre	225/45 R17	BRIDGESTONE	6 mm	
L/H Rear Tyre	225/45 R17	BRIDGESTONE	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.				
5. General Information				
Accident Date	26/06/2018	Inspect Date / Time	02/07/2018 (02:49 PM)	
Survey held at	TEAM AUTO PRO-NO.8 KAKI BUKIT AVE 4 #01-07 PREMIER			
Repairer	-			
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) THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$6,000-7,000				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		7 Working Days		

Report Ref No. CS3/AGI18011944/Nz4d3e2

Inspected By

MUHAMMAD NAZRIL BIN ABDULLAH

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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