

108/11/13

Surveyor: Kelvin

REF: NS/INC18010656/Klsbn2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SLW 9739EPolicy No. 5100033878 180518-120319Claims No. MT/1006877-002

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 Report: _____ 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHP 3503 E Yr Regt: 14 Sep 2016Type: M. Car / M. Cycle / Bus / Van / Lorry / 6 / Prime Mover /

Truck / Trailer or

Make: Toyota Prius c.c. 1700Colour: 13Lc A/C: Insured / Std / NI / NASp. Reading: 243 537 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 5T0K 83F4903529632Gen. Cond: Good / 6 / Poor / BurntSteering: Inor 6 / Jammed / Leaked / Burnt orBrake: Inor 6 / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or Wipac

Front

R/Bal. 7 mmL/Bal. 7 mmD.O.A. 11/8/13Survey held at CDHE (Loyang)

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

n/s Frnt.

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

Date / Time	Action / Instruction
	<u>SHP 3503E - X</u>
	<u>SLW 9739E - X</u>
<u>16/8/18</u>	<u>Attend P/P \$1091.43 / 3 Pp.</u>
	<u>(\$3799.00 Red - 78%?)</u>
	RECEIVED 17 AUG 2018

Date/Time, File Pass to?

17/08/181) Typist

Date/Time, File Return to?

2) _____

Report Format: _____

Lump Sum / I.B.I: (\$ 1,091.43 P/P)☐ : Prel. Report☒ : Final ReportDays Of Repair: 3Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$ _____

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/INC18014656/K1sb			
73 BRAS BASAH ROAD			
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
		Date: 13-08-2018	
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SLW 9739E	Veh. Inspected	SHD 3503E
Policy No.	5100033828	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	13/08/2018
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	11/08/2018	Inspection Date	13/08/2018
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.			

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="11/08/2018 17:46"/>
Vehicle No.(For Motor)	<input type="text" value="SLW9739E"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5100033828		KH LEASING PTE. LTD.	201611813C	GPC	Third Party	SLW9739E	SLW9739E	18/05/2018	12/03/2019

TP Claims against NTUC Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1007447-001	COMFORT TRANSPORTATION PTE LTD	SH 7642J	SGW 6777Z
2	MT/1006907-002	COMFORT TRANSPORTATION PTE LTD	SHC 8126H	SJP 2296Y
3	MT/1007096-002	CITYCAB PTE LTD	SHB 3420X	SHC 6930R
4	MT/1007261-002	COMFORT TRANSPORTATION PTE LTD	SH 7441Y	SKM 6659L
5	MT/1006877-002	COMFORT TRANSPORTATION PTE LTD	SHD 3503E	SLW 9739E
6	MT/1007260-002	COMFORT TRANSPORTATION PTE LTD	SHD 6683Z	SLW 2952B
7	MT/1007452-001	COMFORT TRANSPORTATION PTE LTD	SHD 4255P	SKL 9885K
8	MT/1004057-002	SMRT TAXIS PTE LTD	SHF 1011K	SJH 2414R
9	MT/1004374-002	SMRT TAXIS PTE LTD	SHB 1621X	YN 5815M

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	13/08/2018 09:50
Date Of Accident	11/08/2018 14:00
Exact Location Of Accident	SIMEI STREET 3 TOWARDS EAST POINT SHOPPING MALL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3503E
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

Driver

Name of Driver	TAN KOK WENG (CHEN GUORONG)
NRIC No	S1789433A
Date Of Birth	15/03/1967
Occupation	OUTDOOR
Date Of Driving Pass	03/08/1993
Driving Experience	25 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96330366
Fax Number	
Contact Number	
Email Address	FIIKIWAY@YAHOO.COM.SG

Address	BLK 272C SENGKANG CENTRAL #02-347
Postcode	543272
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	SIDE SWIPE
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	SLW9739E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN JULIE MARGARET
NRIC/Passport Number	S7923035I
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	RIGHT FRT
No. Of Passenger (Including Driver)	

IMPORTANT NOTICE

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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.
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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
CO. REG. NO. 199303321R

Policyholder's Signature
Date & Time:

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

Fauzy

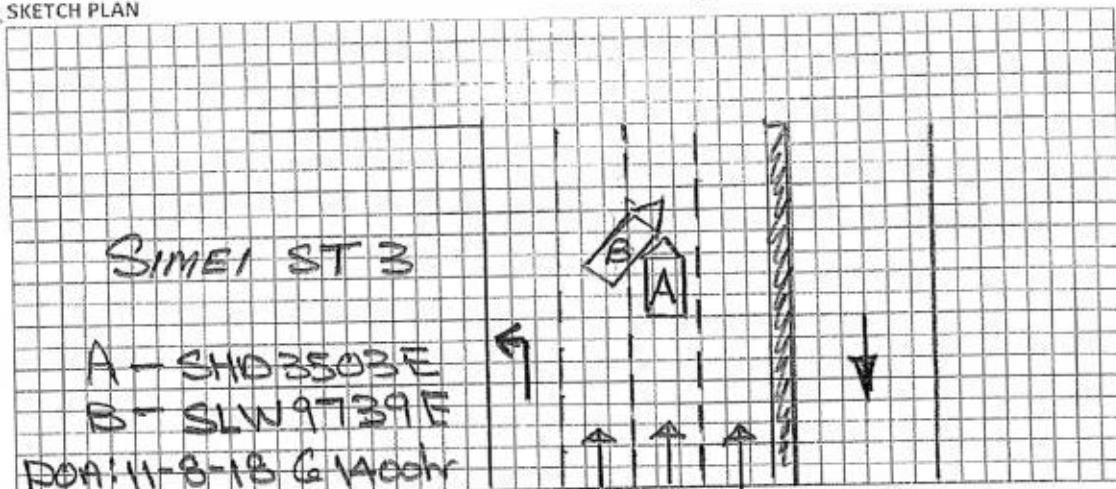
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIA/ARMC SketchPlanForm_V3

Dir. 6

Dir. 6

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 11-8-18 @ 1400hr, My taxi was stop waiting traffic light turn green. When light turn green Suddenly Vehicle (B) SLW9739E make change lane and Collided with my taxi (A) SHD 3503 E left front cause damaged.

There is Video Footage on the Scene
There is No Pax on board at my taxi

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD

CO. REG. NO. 189303324R

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

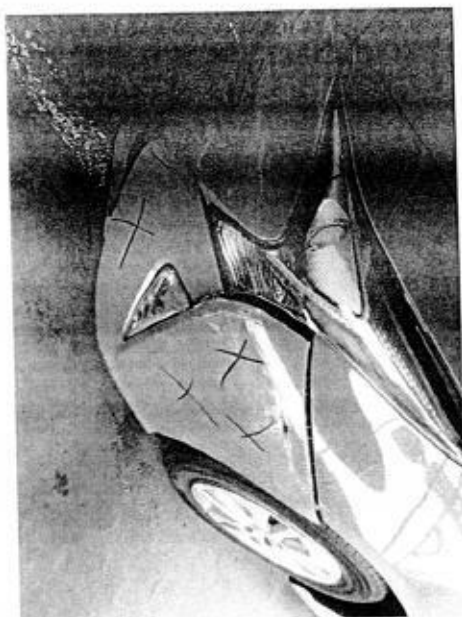
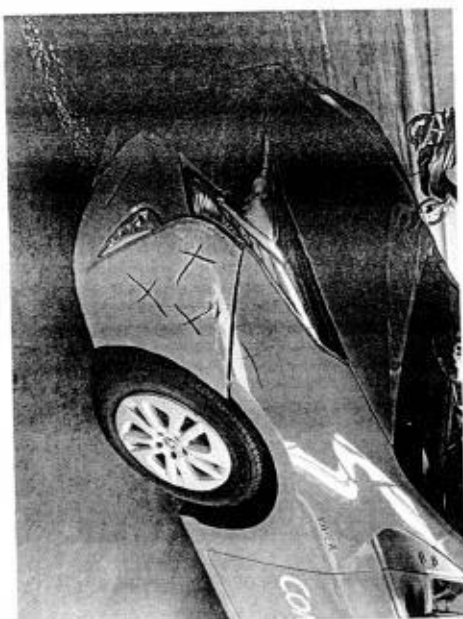
Date & Time:

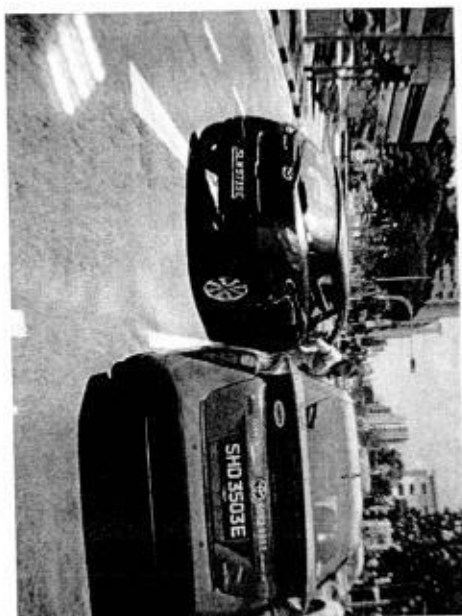
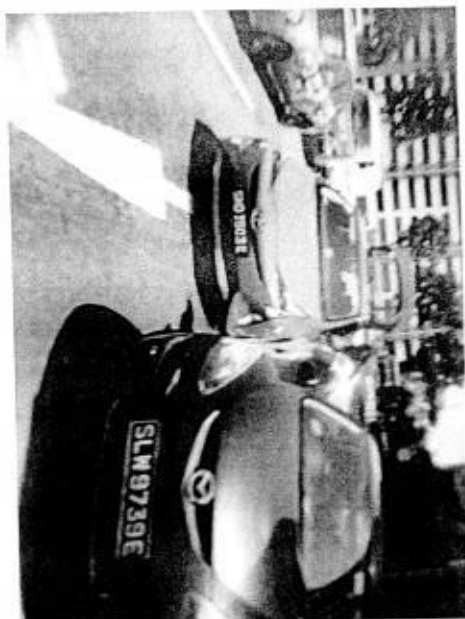
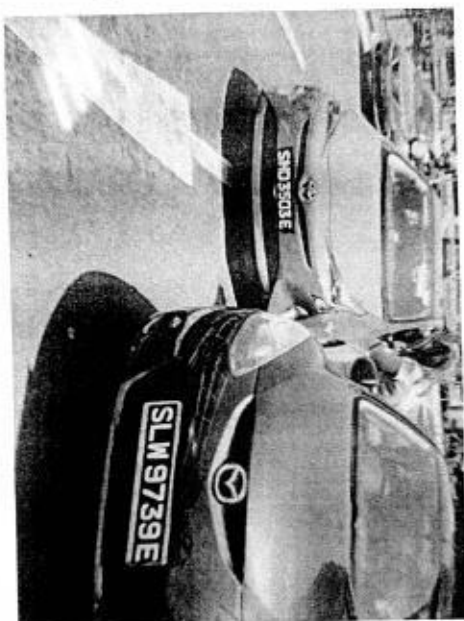
Fauzy

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

VEHICLE NO : SHD 3503E

MAKE :

MODEL : TOYOTA PRIUS

13/8/2018 10:39

NTUC/LKK

FZ

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
LAMP ASSY, FOG, LH <i>Xm</i>			\$ 920.00
FRONT BUMPER COVER <i>cm</i>			\$ 499.90
FRONT BUMPER CLIPS <i>mc</i>			\$ 22.00
FRONT BUMPER SIDE RETAINER <i>Xm</i>			\$ 77.00
UNIT ASSY, HEADLAMP, LH (LED) <i>Xm</i>			\$ 3,455.00
<i>Front Fender (LH) repair</i>			
SUB TOTAL			\$ 4,973.90
LESS 25%			\$ 1,243.48
DISCOUNTED TOTAL			\$ 3,730.43
LABOUR CHARGE			
Panel Beating- Repair Fender			\$ 560.00 <i>500</i>
Spray Painting Charge			\$ 500.00 <i>500</i> <i>Xm</i>
Wiring Charge			\$ 50.00 <i>50.00</i> <i>Xm</i>
Tuff Kote			\$ 50.00 <i>50.00</i> <i>Xm</i>
TOTAL LABOUR			\$ 1,160.00
ESTIMATE TOTAL			\$ 4,890.43

K. L. L. L. L.

13/8/18 11:54

3 B.

P/P

Before Paint photo

LKK Auto Consultants has to 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.

Team: ARC Repair TP(CLS0)1	JOB CARD	Sales Order: 3847152	JC NO.: 305199051
STOMER	REGN NO.: SHD3503E	MILEAGE	
/MS	MAKE : TOYOTA	FUEL	
STOMER NO. 7010045	MODEL	DATE/TIME IN	
JRESS 383 SIN MING DRIVE	PRIUS HYBRID(G4)	12.08.2018 09:25	
Singapore SINGAPORE 575717	YR OF MANU	TARGET DATE	
65508755 (R) (P)	14.09.2016		
COUNT CARD NO.	CHASSIS CODE	COMPLETION DATE/TIME:	
	JTDKKB3FU903529637		

Accident Date: 11.08.2018
NATURE: 3P 11.08.18/B-

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION

FRONT

LEFT SIDE

RIGHT SIDE

REAR

NTUC

CHECKED & PASSED OUT BY:	
SERVICE ADVISOR	CUSTOMER'S SIGNATURE
wedgement Slip	Exit Pass
No.: SHD3503E FZ NTUC LKK	Vehicle No.: SHD3503E
of Service Advisor	Name of Service Advisor
Signature/Date	Date
returned to Service Reception upon collection	To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

Date: 15.08.2018

REPAIR ESTIMATE

Time: 18:35:46

Page: 1

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

JOB NO : 305199051
REGN NO : SHD3503E
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 14.09.2016
DATE/TIME IN : 13.08.2018 11:15
ACCIDENT DATE : 11.08.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2292-G PRIG4 COVER FRONT BUMPER 1 499.90 25.00 374.92

0002 04-01-0302-2267-G PRIVC BUMPER PIECE 10 22.00 25.00 16.50

SUB-TOTAL : 391.42

JOB NATURE

0000 L PANEL BEATING 300.00

0001 L SPRAY PAINTING CHARGE 400.00

SUB-TOTAL : 700.00

TOTAL : 1,091.42
43

AUTHORISED : YES / NO

MVA NAME & SIGNATURE

DATE:

SURVEYOR NAME & SIGNATURE

DATE:

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305199051
Date : 15.08.2018

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SHD3503E
Date of Accident : 11.08.2018

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


1. The repair job shall bill to: NTUC SLW9739E
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$391.42
 - (b) Labour Charges \$700.00
 - Total for Part-By-Part Repair Cost \$1,091.42
 - (c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20% \$0.00
Final Lumpsum Repair cost \$0.00


3. Estimated normal period for repairs: 3 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 : Kalvin
Date : 16/8/18

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/INC18014656/K1sbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 24-08-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLW 9739E	Veh. Inspected	SHD 3503E
Policy No.	5100033828	Coverage (\$)	0.00
Claim No.	MT/1006877-002	Excess (\$)	0.00
Assign From		Assign Date	13/08/2018

2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	JTDKB3FU903529637	Colour	BLUE
Odometer	243537	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 N/S FRONT PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	11/08/2018	Inspection Date	13/08/2018
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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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 Working Days
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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 3503E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	LAMP ASSY,FOG,LH	SERVICEABLE	920.00	-
1	FRONT BUMPER COVER	CRACKED	499.90	499.90
10	FRONT BUMPER CLIPS	NECESSARY	22.00	22.00
1	FRONT BUMPER SIDE RETAINER	SERVICEABLE	77.00	-
1	UNIT ASSY,HEADLAMP,LH (LED)	SERVICEABLE	3,455.00	-
1	FRONT FENDER (LH)(NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 25% DISCOUNT		-1,243.47	-130.47
			3,730.43	391.43
<u>LABOUR</u>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRONT FENDER (LH).		560.00	300.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	TUFF KOTE.	NOT NECESSARY	50.00	-
			1,160.00	700.00
GRAND TOTAL			4,890.43	1,091.43
RECOMMENDED COST OF REPAIRS (CONFIRMED)				1,091.43

Report Ref No. NS/INC18014656/K1sbn2

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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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.