

08/11/13

Surveyor: Kelvin

REF:

NS/INC 18014663 / 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: SFZ 8185J

Policy No. 509759639 18-01-2018

Claims No. MT/1007019-002

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: SHC 19234 Yr Regt: 31/24/2012

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

Truck / Trailer or

Make: Hyundai Santa Fe c.c. 1991

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

Sp. Reading: 134279 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM HET 41 VALA 827005

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 / W/Rim or

Tyre Size: F: 215/60R16

R: _____

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

TOYO / YOKO or Wont like

Front: _____ Rear: _____

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

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

D.O.A. 10/8/16 D.O.I. 13/8/16

Survey held at (DHE (Loyang))

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

Rear o/s

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

Date / Time	Action / Instruction
	SHC 19234 - (CS/III) 8008084 / Brbe21 Dof: 250118 INC
	SFZ 8185J - X 4s.
16/8/18	Labour 45 \$1550 / 3 Pys.
	(43.816-58 Red-71.6.7)

RECEIVED 17 AUG 2018

Date/Time, File Pass to?

1) 17/08/18

Date/Time, File Return to?

2) _____

☐ : Prel. Report☒ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee:

Transportation: \$ + RS. \$ _____

Photos

Others

160

TOTAL

Report Format: _____

Lump Sum / I.B.I. (\$) 1,550/- 4/5



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/INC18014663/K1sb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 13-08-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SFZ 8285J	Veh. Inspected	SHC 1923U
Policy No.	5097296239	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	10/08/2018	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

General Claim

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) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5097296239		VOULEZ CARS	53350846X	GFT	drive CLASSIC	SFZ8285J	SFZ8285J	18/01/2018	

TP Claims against NTUC Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate	Tentative repair cost
1	MT/1007019-002	COMFORT TRANSPORTATION PTE LTD	SHC 1923U	SFZ 8285J	10/8/2018	\$ 5,366.58	\$ 1,550.00
2	MT/1007584-001	COMFORT TRANSPORTATION PTE LTD	SHA 7723B	SJM 9884U	8/8/2018	\$ 1,911.60	\$ 600.00
3	MT/1007437-002	CITYCAB PTE LTD	SHA 8660S	SLC 931E	15/8/2018	\$ 1,314.40	\$ 100.00
4	MT/1007586-001	CITYCAB PTE LTD	SHA 870E	SJY 1840K	9/8/2018	\$ 1,034.40	\$ 700.00
5	MT/1006670-002	CITYCAB PTE LTD	SHB 2970G	FR 8848C	9/8/2018	\$ 2,731.58	\$ 1,250.00

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	11/08/2018 10:10
Date Of Accident	10/08/2018 23:00
Exact Location Of Accident	TPE EXIT PASIR RIS DR 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1923U
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	HYUNDAI
Model	SONATA
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	ANG SAY KOK
NRIC No	S0223773C
Date Of Birth	19/06/1951
Occupation	OUTDOOR
Date Of Driving Pass	19/02/1971
Driving Experience	47 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96378956
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 217 PASIR RIS STREET 21 #06-148
Postcode	510217
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	SFZ8285J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEO KIM CHYE STEVEN
NRIC/Passport Number	S7534816I
Contact Number	91164747
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

IMPORTANT NOTICE


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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)**

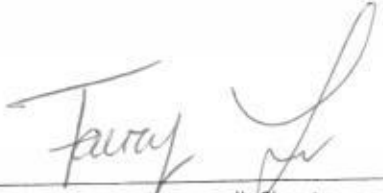
I understand, acknowledge, agree and consent that:

- (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.

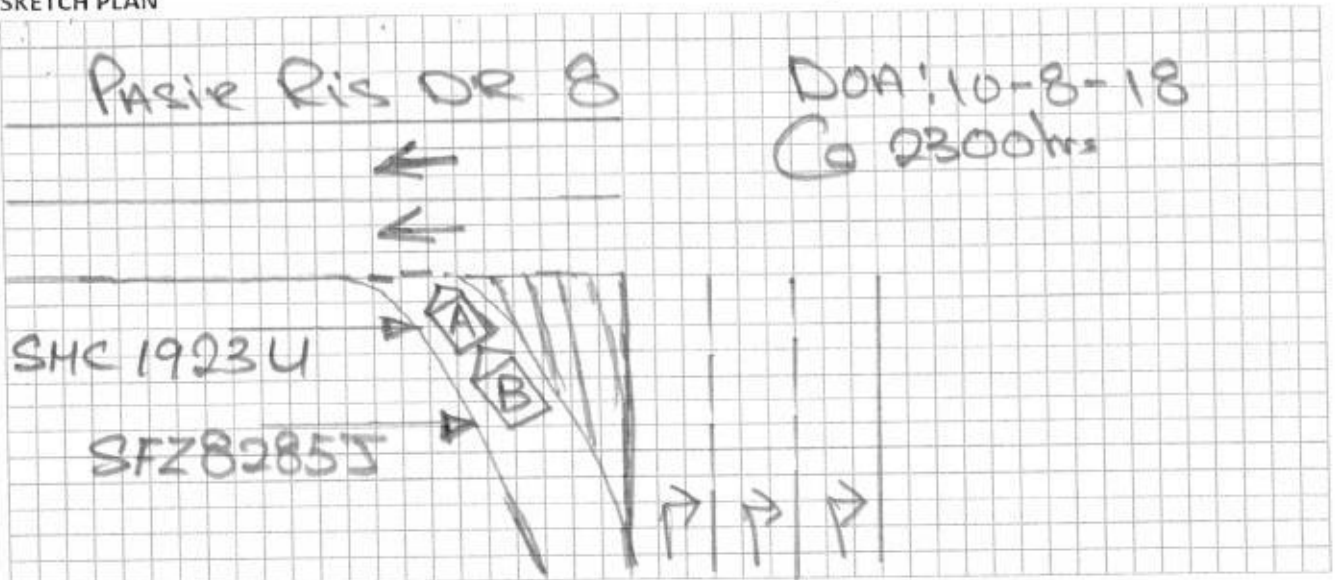
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199203321R

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 11-8-18


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 10-8-18 Q 2300hr, I was driving along TPE Exit Pasir Ris DR 8, I stop at slip road to check oncoming traffic from right. Suddenly Vehicle (B) SFZ 8285 J hit my taxi on the rear portion 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: 102302321R

Policyholder's Signature

Date & Time:

Driver's Signature

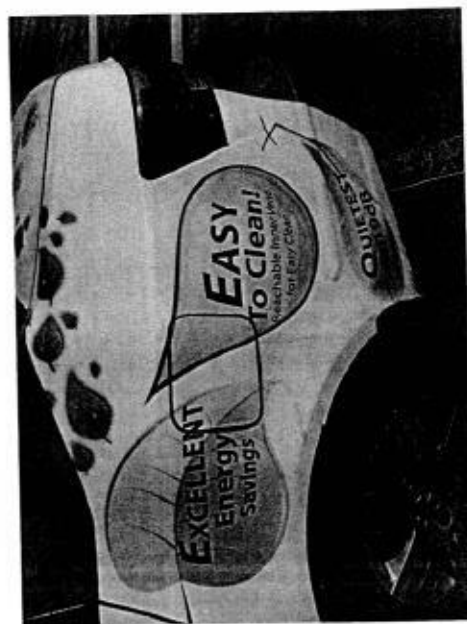
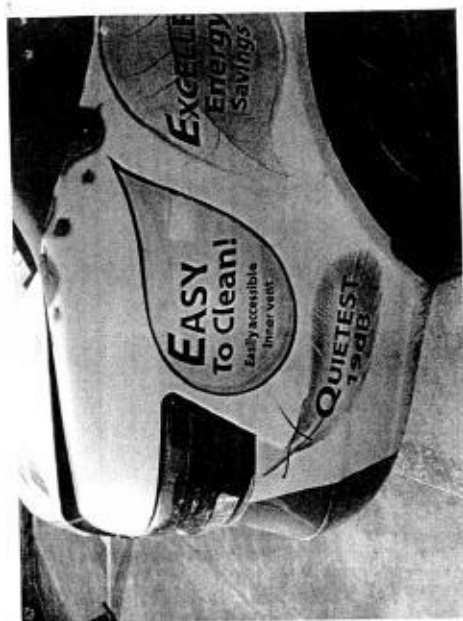
(If driver is not the policyholder)

Date & Time: 11-8-18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



COMFORTDELGRO ENGINEERING PTE LTD

VEHICLE NO : SHC 1923U

DATE 8/11/2018 11:19

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid <i>X repair</i>			\$ 1,349.50
	Boot Lid Rubber <i>X</i>			\$ 110.90
	Boot Lid Hinge (LH/RH) <i>X</i>		\$ 170.60	\$ 341.20
	Boot Lid Lock Upper <i>X</i>			\$ 132.10
	Boot Lid Lock Lower <i>X</i>			\$ 30.30
	Boot Lid Sonata Plate <i>-</i>			\$ 43.60
	Boot Lid Hyundai Plate <i>-</i>			\$ 24.20
	Boot Lid 'H' Emblem <i>-</i>			\$ 26.10
	Boot Lid CRDI Plate <i>-</i>			\$ 22.70
	Rear Bumper <i>-</i>			\$ 578.40
	Rear Bumper Reinforcement <i>-</i>			\$ 483.30
	Rear Bumper Clip <i>-</i>			\$ 22.00
	Rear Bumper Sponge <i>-</i>			\$ 137.40
	Rear Bumper Under Cover <i>X</i>			\$ 185.80
	Rear Bumper Protector (LH/RH) <i>X</i>		\$ 38.00	\$ 76.00
	Rear Panel <i>X</i>			\$ 391.80
	Rear Panel Garnish <i>X</i>			\$ 95.80
SUB TOTAL				\$ 4,051.10
LESS 20%				\$ 810.22
DISCOUNTED TOTAL				\$ 3,240.88
	Boot Lid Comfort Logo & Tel No. Sticker <i>-</i>			\$ 30.00
	Boot Lid Comfort Logo Sticker <i>-</i>			\$ 10.00
	Rear Bumper Reverse Sensor <i>X</i>			\$ 135.70
	Rear Bumper Advertisement Logo <i>-</i>			\$ 50.00
	Rear Fender Advertisement Logo (LH/RH) <i>-</i>			\$ 100.00
TOTAL				\$ 325.70
Labour Charge				
	Panel Beating			\$ 850.00
	Spray Painting Charge			\$ 750.00
	Wiring Charge			\$ 30.00
	Tuff Kote			\$ 50.00
	Remove/Refix Reverse Sensor			\$ 120.00
TOTAL LABOUR				\$ 1,800.00
ESTIMATE TOTAL				\$ 5,366.58
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.				

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: _____

Kalish LKK
13/8/18 1400L
3 days
LKS After Repair photo

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701

Mainline + 65 6383 6280 Fax: +65 6280 9755

Workshops

55 Loyang Drive Singapore 508989

383 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 609280

220 Upper Red 3 Singapore 157557

24 Senoko Loop Singapore 758156

7 Sungai Kidul Way Singapore 728791

99 Yohari Industrial Park A Singapore 768730

Date/Time: 11.08.2018 11:26

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305198583

OMER

IS

COMFORT TRANSPORTATION PTE LTD

OMER NO.

7010045

IESS

383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R)

65508755

(O)

(P)

JUNT CARD NO.

REGN NO.:

SHC1923U

MILEAGE

MAKE :

HYUNDAI

FUEL

E 1/2 F

MODEL

SONATA

DATE/TIME IN

11.08.2018 08:40

YR OF MANU

31.07.2012

TARGET DATE

CHASSIS CODE

KMHET41VMCA827005

COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 10.08.2018

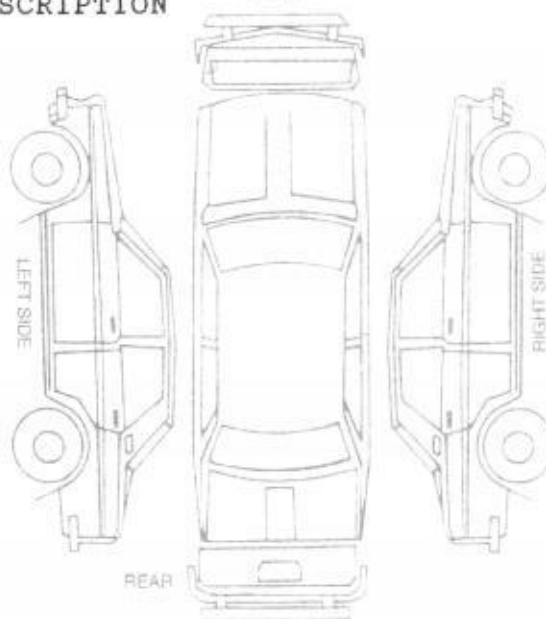
NATURE: 3P 10.08.18

S/NO

LABOR CODE

DESCRIPTION

FRONT



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Checklist Slip

Exit Pass

No.:

SHC1923U

CHIANG

Vehicle No.:

SHC1923U

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

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/INC18014663/K1sbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 27-08-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SFZ 8285J	Veh. Inspected	SHC 1923U
Policy No.	5097296239	Coverage (\$)	0.00
Claim No.	MT/1007019-002	Excess (\$)	0.00
Assign From		Assign Date	13/08/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2012
Chassis No.	KMHET41VMCA827005	Colour	BLUE
Odometer	134279	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/60 R16	WEST LAKE	7 mm
L/H Front Tyre	215/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	215/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	215/60 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	10/08/2018	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.
--

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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 1923U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	BOOT LID	TO REPAIR SEE LABOUR	1,349.50	-
1	BOOT LID RUBBER	SERVICEABLE	110.90	-
2	BOOT LID HINGE (LH/RH) @\$170.60	SERVICEABLE	341.20	-
1	BOOT LID LOCK UPPER	SERVICEABLE	132.10	-
1	BOOT LID LOCK LOWER	SERVICEABLE	30.30	-
1	BOOT LID SONATA PLATE	NECESSARY	43.60	43.60
1	BOOT LID HYUNDAI PLATE	NECESSARY	24.20	24.20
1	BOOT LID "H" EMBLEM	NECESSARY	26.10	26.10
1	BOOT LID CRDI PLATE	NECESSARY	22.70	22.70
1	REAR BUMPER	DEFORMED	578.40	578.40
1	REAR BUMPER REINFORCEMENT	CRACKED	483.30	483.30
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	SERVICEABLE	137.40	-
1	REAR BUMPER UNDER COVER	SERVICEABLE	185.80	-
2	REAR BUMPER PROTECTOR (LH/RH) @\$38.00	SERVICEABLE	76.00	-
1	REAR PANEL	SERVICEABLE	391.80	-
1	REAR PANEL GARNISH	SERVICEABLE	95.80	-
	LESS 20% DISCOUNT		-810.22	-240.06
			3,240.88	960.24
<u>SPECIAL NETT ITEMS</u>				
1	BOOT LID COMFORT LOGO & TEL NO STICKER (SN)	NECESSARY	30.00	30.00
1	BOOT LID COMFORT LOGO STICKER (SN)	NECESSARY	10.00	10.00
1	REAR BUMPER REVERSE SENSOR (SN)	NOT NECESSARY	135.70	-
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
1	REAR FENDER ADVERTISEMENT LOGO (SN)	NECESSARY	100.00	100.00
			325.70	190.00
<u>LABOUR</u>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF BOOT LID.		850.00	400.00

Report Ref No. NS/INC18014663/K1sbn2



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.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	SPRAY PAINTING CHARGE.		750.00	400.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	TUFF KOTE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	120.00	-
			1,800.00	800.00
	GRAND TOTAL		5,366.58	1,950.24
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,550.00

Report Ref No. NS/INC18014663/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.