

(08/11/13)

Surveyor: Kelvin

REF: NS/INC/8015940/Klqdbn2

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: SMC3195GPolicy No. 5087272209-01 (28/6/18-Claims No. MT/1009447-002

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: 2 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 722P Yr Regn: 31 July 2011Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~o~~ / Prime Mover /

Truck / Trailer or

Make: Hyundai Santa c.c. 1991Colour: White A/C: Insured / Std / NI / NASp. Reading: 492273 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM HETKIVMBA815188

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 / Rim or

Tyre Size: F: 215 / 60 R16

R: _____

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

TOYO / YOKO or Went likeFront 2 mm Rear 2 mmR/Bal. 2 mm R/Bal. 2 mmL/Bal. 2 mm L/Bal. 2 mmD.O.A. 30/8/18 D.O.I. 30/8/18Survey 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 722P - CS/FCI 18009372/23 DOA: 20/5/2018 INC
	SMC3195G-X 4)
3/9/18	Interview rep \$550/2 Dgs. CRD \$1761.62, 76%
RECEIVED 03 SEP 2018	

Date/Time, File Pass to?

☐ : Prel. Report11/03/19 KL☐ : Final Report

Date/Time, File Return to?

2)

Report Format: 7PLump Sum / I.B.I: (\$) 550Days Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

\$ + RS, SI

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/INC18015940/K1qd3				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 31-08-2018	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SMC 3195G	Veh. Inspected	SHC 722P	
Policy No.	5087272209-01	Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	31/08/2018	
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	30/08/2018	Inspection Date	30/08/2018	
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.				

From: mtreg <mtreg@income.com.sg>
Sent: 51 UBI AVE 1, #01/02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL: (065) 6256 3561 FAX: (065) 6256 4315
To: Monday, 3 September 2018 1:57 PM
Subject: Shiau Chan (LKKAuto)
RE: REQUEST CLAIM NUMBER

Hi,

Claim created.

With Regards

Junainah
Senior Admin Assistant
Motor Insurance
www.income.com.sg



At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify.
Find out more at Income.com.sg/careers



*'With effect from 1 Oct 2018, we will be discontinuing our fax number 6338 1504.
Please forward all motor claims related correspondences to mtcl@income.com.sg so that we can attend to it accordingly.'*

From: Shiau Chan (LKKAuto) [mailto:siewsc@lkkauto.com]
Sent: 03 September 2018 12:16
To: mtreg <mtreg@income.com.sg>
Subject: REQUEST CLAIM NUMBER

Dear Sir/Madam,

Please refer to the below.

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	
1	MT/1009447- 002	CITYCAB PTE LTD	SHC 722P	SMC 3195G	

Best Regards,
Shiau Chan (Ms) | Case Handler
LKK Auto Consultants Pte Ltd
Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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="30/08/2018 16:53"/>
Vehicle No.(For Motor)	<input type="text" value="SMC3195G"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5087272209-01		HUA HONG PTE. LTD.	200900309M	GFT	drive PREMIUM	SMC3195G	SMC3195G	28/06/2018	

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	30/08/2018 11:55
Date Of Accident	30/08/2018 08:25
Exact Location Of Accident	ST THOMAS WALK > KILINEY RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC722P
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	SONATA-2.0 (A)

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-18088937MFSH
Cover Note Number	

Driver

Name of Driver	TAN SIOW CHAI
NRIC No	S1164509G
Date Of Birth	20/09/1956
Occupation	OUTDOOR
Date Of Driving Pass	12/10/1976
Driving Experience	41 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97943551
Fax Number	
Contact Number	
Email Address	BURTANSC@HOTMAIL.COM

Address	BLK 1 ST. GEORGE'S ROAD #09-35
Postcode	320001
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	2
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)	2
Passenger 1	NAME: : - GENDER: : MALE

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

REFER 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	SMC3195G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAY YU NENG
NRIC/Passport Number	S8508945E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT LH

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.
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.

CITYCAB PTE LTD
CO. REG. NO. 199502B39G

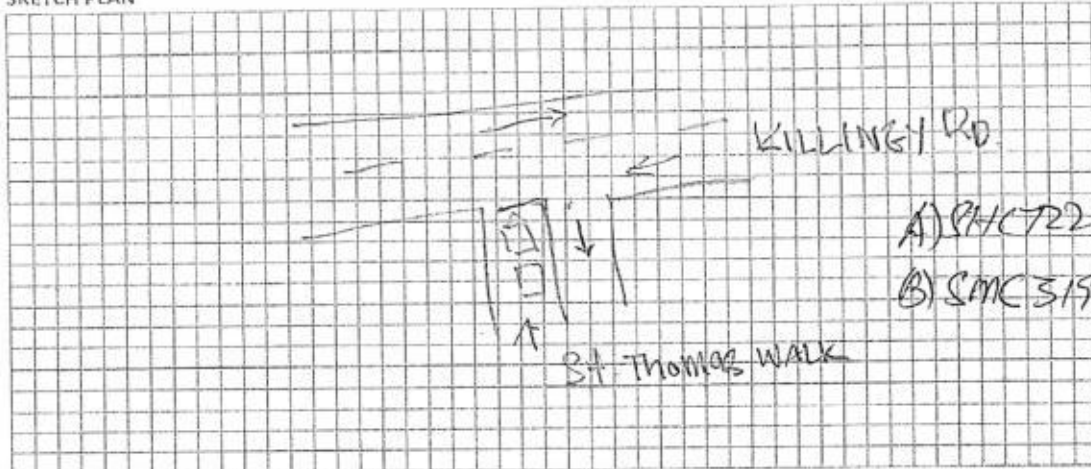
Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30/8/18 at about 08:25 hrs while I Veh A was about to stop at the T-junction noticed some pedestrians crossing and I gave way for them to cross. I moved forward after they had crossed and stopped at the T-junction. Veh B collided on the rear of my stationary vehicle.

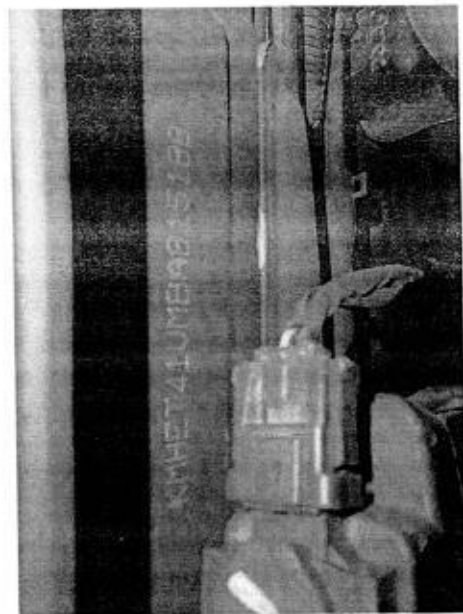
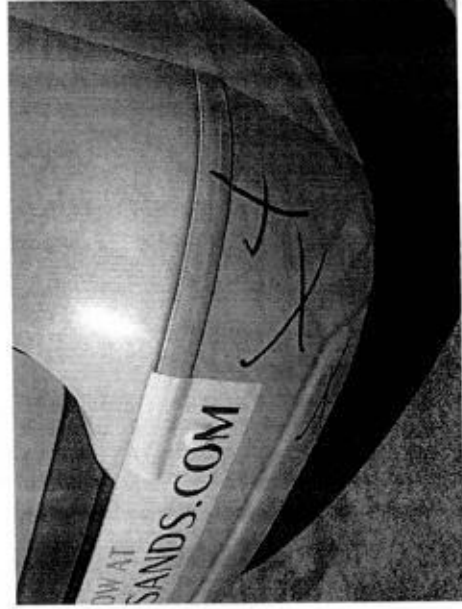
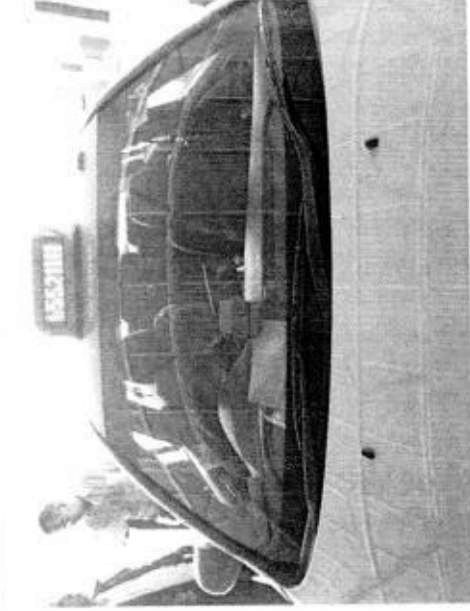
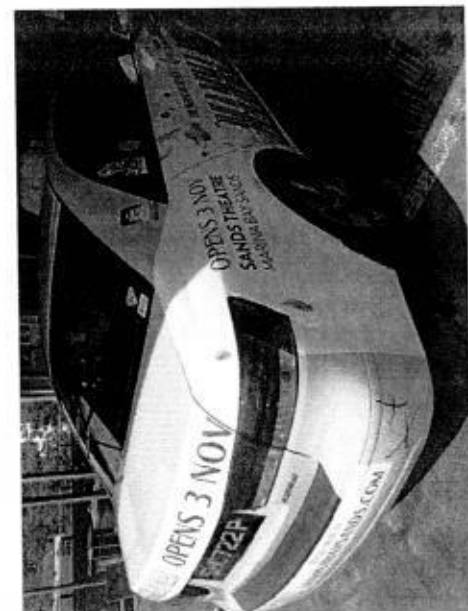
DECLARATION

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

CITYCAB PTE LTD
 REG. NO. 199502839G
 Policyholder's Signature
 Date: 8/11/18

[Signature]
 Driver's Signature
 I/We declare that the policyholder

[Signature]
 30/8/18
 Reporting Centre Personnel's Signature
 Name:



CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 722P

MAKE :

MODEL : HYUNDAI SONATA

DATE 30/8/2018 11:25

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>X Rep</i>			\$ 578.40
	Rear Bumper Reinforcement <i>X Svc</i>			\$ 483.30
	Rear Bumper Clip <i>X</i>			\$ 22.00
	Rear Bumper Sponge <i>X Svc</i>			\$ 137.40
	Rear Bumper Under Cover <i>X Svc</i>			\$ 185.80
	Rear Bumper Protector (RH) <i>X Rep</i>			\$ 38.00
	SUB TOTAL			\$ 1,444.90
	LESS 20%			\$ 288.98
	DISCOUNTED TOTAL			\$ 1,155.92
	Rear Bumper Reverse Sensor <i>X Svc</i>			\$ 135.70
	Rear Bumper Advertisement Logo <i>mc</i>			\$ 50.00
	Rear Fender Advertisement Logo (LH/RH) <i>mc</i>	\$	100.00	\$ 200.00
				\$ 385.70
	Labour Charge			
	Panel Beating			\$ 350.00 ¹⁰⁰
	Spray Painting Charge			\$ 250.00 ²⁰⁰
	Wiring Charge			\$ 50.00 <i>X</i>
	Remove/Refix Reverse Sensor			\$ 120.00 <i>X</i>
	TOTAL LABOUR			\$ 770.00
	ESTIMATE TOTAL			\$ 2,311.62

Kahr / CKK
30/8/18 1415hr
2 Dpts
4/5
After Repair p/h

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification is allowed
- Supplementary work must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
 Signature:
 Date:

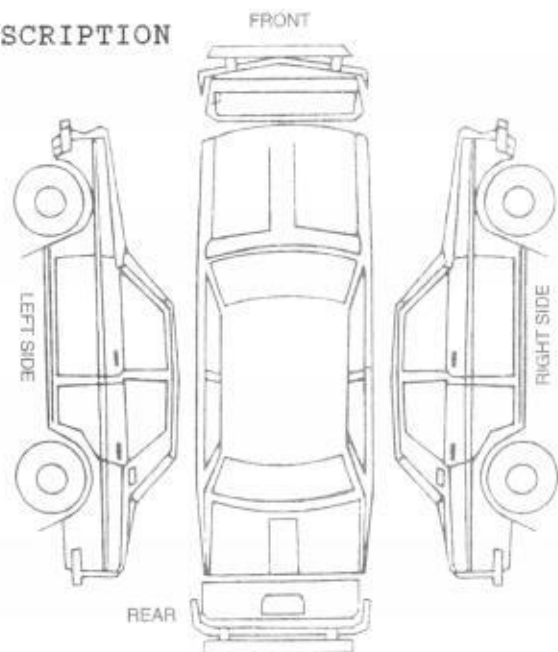
This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

Team: ARC Repair TP(CFS0)1	JOB CARD	Sales Order:	JC NO.: 305206340
OWNER: CITYCAB PTE LTD 7010070 OWNER NO. 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (R) (O) (P)	REGN NO.: SHC 722P MAKE: HYUNDAI MODEL: SONATA YR OF MANU: 31.07.2011 CHASSIS CODE: KMHET41VMB815188	MILEAGE FUEL: E.....1/2.....F DATE/TIME IN: 30.08.2018 11:00 TARGET DATE COMPLETION DATE/TIME:	
OUNT CARD NO.			

NTUC

Accident Date: 30.08.2018
NATURE: 3P 30.08.2018

JOB DESCRIPTION

S/NO	LABOR CODE	DESCRIPTION
		

CHECKED & PASSED OUT BY:		CUSTOMER'S SIGNATURE	
SERVICE ADVISOR			
Acknowledgement Slip		Exit Pass	
No.: SHC 722P	LKE	Vehicle No.: SHC 722P	
Signature/Date		Name of Service Advisor	Date
Returned to Service Reception upon collection		To be kept by Security Guard	

Our Job Ref No 305206340
Date : 01/09/18

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK
Attn : Mr KALVIN ANG
Vehicle Reg No. SHC 722P CCPL

Fax :


30.08.18


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

1. The repair job shall bill to: NTUC --- SMC3195G
2. The finalized amount shall be:
 - (a) Spare Parts after List discount
 - (b) Labour Charges
 - Total for Part-By-Part Repair Cost
 - (c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20%
Final Lumpsum Repair cost P/P \$550.00

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 : LIM KWOK ENG
Tel : 62148316
Fax : 65468156

Signature : 
Name : Kahr
Date : 3/9/8

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		NO		
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/INC18015940/K1qd3n2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 10-09-2018	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SMC 3195G	Veh. Inspected	SHC 722P	
Policy No.	5087272209-01	Coverage (\$)	0.00	
Claim No.	MT/1009447-002	Excess (\$)	0.00	
Assign From		Assign Date	30/08/2018	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI SONATA	c.c	1991	
Engine No.	HIDDEN	Year of Reg.	2011	
Chassis No.	KMHET41VMBA815188	Colour	YELLOW	
Odometer	492273	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
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	30/08/2018	Inspection Date	30/08/2018	
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:		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. SHC 722P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	TO REPAIR SEE LABOUR	578.40	-
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	483.30	-
10	REAR BUMPER CLIP	NOT NECESSARY	22.00	-
1	REAR BUMPER SPONGE	SERVICEABLE	137.40	-
1	REAR BUMPER UNDER COVER	SERVICEABLE	185.80	-
1	REAR BUMPER PROTECTOR (RH)	TO REPAIR SEE LABOUR	38.00	-
	LESS 20% DISCOUNT		-288.98	-
			1,155.92	-
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
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
			385.70	250.00
<u>LABOUR</u>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR BUMPER AND REAR BUMPER PROTECTOR (RH).		350.00	100.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	120.00	-
			770.00	300.00
GRAND TOTAL			2,311.62	550.00
RECOMMENDED COST OF REPAIRS (CONFIRMED)				550.00

Report Ref No. NS/INC18015940/K1qd3n2

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

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

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.