

Surveyor: Kelvin

REF: NS/INC18019376/Klgonz

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

at _____

Insured: SDF 74485

Policy No: 5078055478-02 070518-270419

Claims No: MT/1017710-002

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: 3 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: SHC3512J Yr Regn: 20 Mar 2014

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

Truck / Trailer or

Make: Mercedes Benz E220 c.c. 2143

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

Sp. Reading: 741257 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WPD2/20022A 759561

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: 205/60R16

R: _____

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

TOYO / YOKO or Westlake.

Front Rear

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

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

D.O.A. 24/10/18 D.O.I. 24/10/18

Survey held at CDGE (Loyang)

Des. of Damages: Frl / Rear / O/S / N/S / UIC / Rooftop or

Rear o/s

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SHC 3512J - 004/10/18001054 / Tipbaga DA: 05012018 INC
	SDF 74485 - 03/EGT/1700016 / Avbn2 DA: 01012017 4s
1/11/18	Continue! C/S \$7500/ 3 Rys. Cred \$3399.88, 31%.
	RECEIVED 2 NOV 2018

Date/Time, File Pass to? ☐ Preli. Report

11/07/11 *trans* ☐ Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

TOTAL

Add Fee: ☐ Site Insp (\$

☐ Interview (\$

☐ Tech. Invs (\$

☐ Weekend (\$

Report Format: 7P

Lump Sum / I.B.A. (\$) 7500

160

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 checked="" type="radio"/>	5078055478-02		AZLINA BINTI MUSTAPHA	S6876492J	GPC	Third Party, Fire & Theft	SDF7448S	SDF7448S	07/05/2018	27/04/2019

Income: Follow-Through Survey

Date: 01/11/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate	Tentative repair cost
1	MT/1017210-002	COMFORT TRANSPORTATION PTE LTD	SHC 3512J	SDF 7448S	24/10/2018	\$ 10,899.88	\$ 7,500.00
2	MT/1016694-002	COMFORT TRANSPORTATION PTE LTD	SHC 8296A	SLJ 5545S	21/10/2018	\$ 5,983.14	\$ 3,700.00
3	MT/1016456-002	COMFORT TRANSPORTATION PTE LTD	SHC 8477U	SJT 2580E	20/10/2018	\$ 1,000.00	\$ 550.00
4	MT/1015993-002	CITYCAB PTE LTD	SHC 7609M	SHD 1155P	16/10/2018	\$ 1,009.04	\$ 600.00
5	MT/1015839-002	CITYCAB PTE LTD	SHA 8780D	FBF 9269C	13/10/2018	\$ 2,408.48	\$ 1,050.00

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 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. 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	24/10/2018 13:47
Date Of Accident	24/10/2018 10:30
Exact Location Of Accident	LOR 2 TOA PAYOH TWDS SLIP RD TO PIE CHANGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3512J
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	MERCEDES-BENZ
Model	E220
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	TEO TIAN HUAT
NRIC No	S0073808E
Date Of Birth	20/12/1951
Occupation	OUTDOOR
Date Of Driving Pass	16/01/2002
Driving Experience	16 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91835633
Fax Number	
Contact Number	
Email Address	TIANHUATTEO@YAHOO.COM

Address	BLK 3 BEDOK SOUTH AVENUE 1 #13-841
Postcode	460003
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	SDF7448S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AZLINA BTE MUSTAPHA
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

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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:

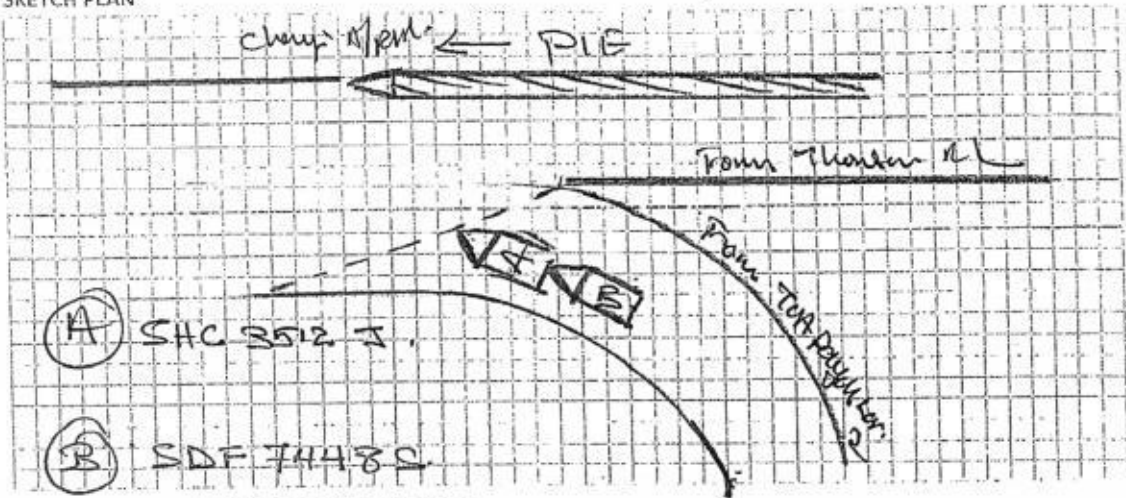
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

GIA/RC SketchPlanForm_V3

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON. 24 OCT 2018 @ 10:20 hr I VEH

A came at to a stop at Slip Rd give way sign from the above location. Suddenly VEH B from rear hit VEH A Rear. at the point of accident VEH A NO. PAX.

DECLARATION

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

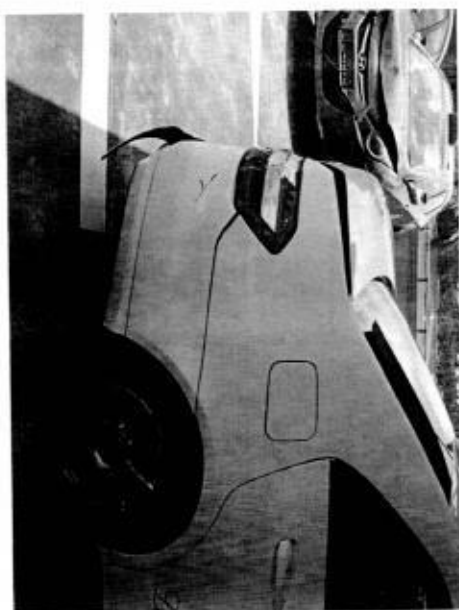
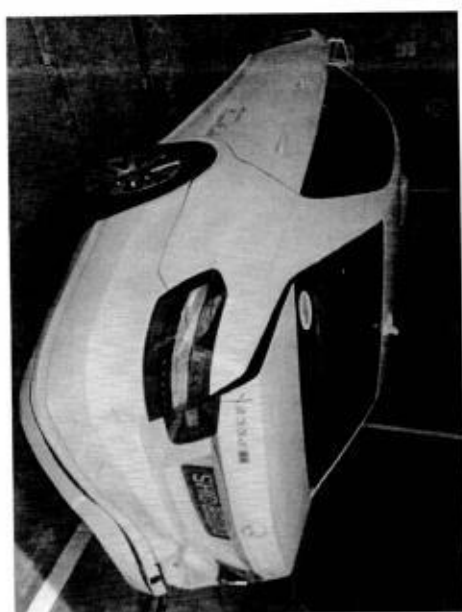
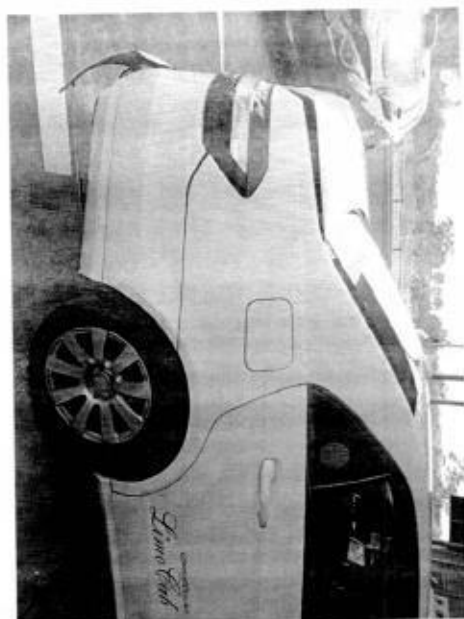
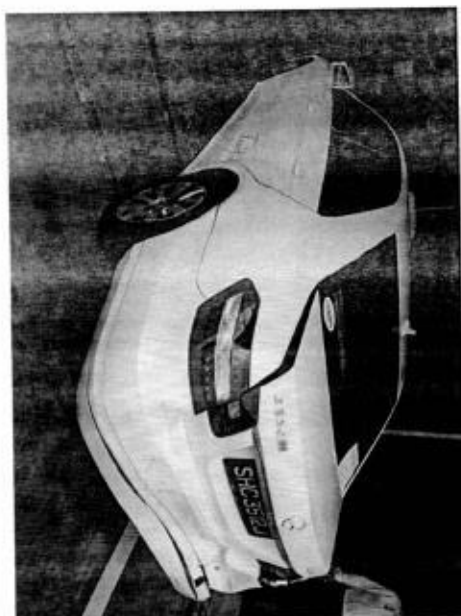
COMFORT TRANSPORTATION PTE LTD
CO. REG NO. 199203321R

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.:

GLA/MC SketchPlanForm_V3





member of COMFORTDELGRO

Date/Time: 24.10.2018 14:14 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305230026

OMER
IS: COMFORT TRANSPORTATION PTE LTD
7010045
OMER NO. 383 SIN MING DRIVE
IESS Singapore SINGAPORE 575717
65508755

(R) (Q)
(P)

CUNT CARD NO.

REGN NO.: SHC3512J	MILEAGE
MAKE: MERCEDES BENZ	FUEL E.....1/2.....F
MODEL: E220CDI (E5)	DATE/TIME IN 24.10.2018 11:35
YR OF MANU: 20.03.2014	TARGET DATE
CHASSIS CODE: WDD2120022A759561	COMPLETION DATE/TIME:

NTUC

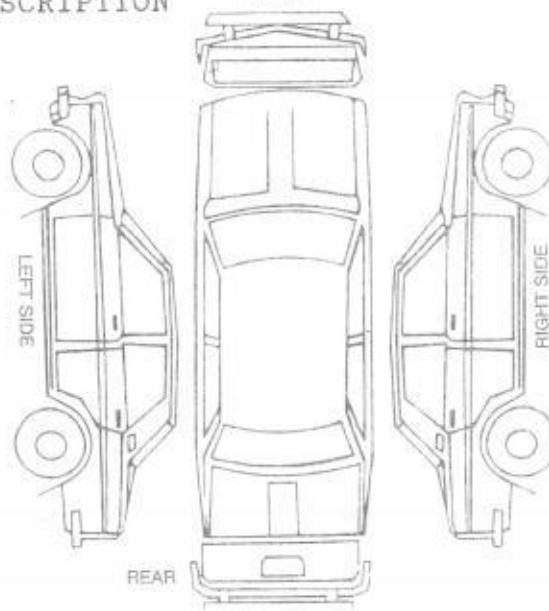
JOB DESCRIPTION

Accident Date: 24.10.2018
NATURE: 3P 24.10.2018

S/NO LABOR CODE

DESCRIPTION

FRONT



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

No.: SHC3512J

LKE

Exit Pass

Vehicle No.:

SHC3512J

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE*

VEHICLE NO : SHC 3512J

DATE 24/10/2018 14:49

MAKE :

MODEL : MERCEDES BENZ

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid <i>Buckled</i>			\$ 2,470.00
	Boot Lid Lamp (LH/RH) <i>X see</i>		\$ 655.00	\$ 1,310.00
	Boot Lid Lock <i>X see</i>			\$ 275.00
	Boot Lid 'E220' Emblem <i>see</i>			\$ 54.30
	Boot Lid Star Logo <i>see</i>			\$ 45.00
	Boot Lid 'CDI' Emblem <i>see</i>			\$ 54.30
	Rear Bumper <i>Painted</i>			\$ 1,510.00
	Rear Bumper Reinforcement <i>Bent</i>			\$ 1,150.00
	Rear Bumper Bracket Lower (LH/RH) <i>X see</i>	\$	135.00	\$ 270.00
	Rear Bumper Bracket Top (LH/RH) <i>X see</i>	\$	125.00	\$ 250.00
	Rear Bumper Retainer Mounting (LH/RH) <i>X see</i>	\$	115.00	\$ 230.00
	Rear Bumper Towing Cover <i>see</i>			\$ 175.00
	Taillamp (RH) <i>see</i>			\$ 1,280.00
	Rear Panel End <i>Bent</i>			\$ 1,380.00
	Rear Panel Inner Garnish <i>see</i>			\$ 240.00
	Rear Panel Inner Garnish Clip (10pcs) <i>see</i>			\$ 40.00
SUB TOTAL				\$ 10,733.60
LESS 20%				\$ 2,146.72
DISCOUNTED TOTAL				\$ 8,586.88
	Boot Lid Sovereign' Sticker <i>see sticker</i>			\$ 25.00
	Rear Bumper Sensor <i>see sticker</i>			\$ 388.00
				\$ 413.00
<div> <p>LKK Auto Consultants hereby notify the Repairer of the following:</p> <ul style="list-style-type: none"> To resurvey before start of spray painting To display damaged parts during resurvey Parts prices are subject to resurvey Third party survey is on a "No Fault" basis No illegal modification is allowed Supplementary items must be surveyed and is subject to final approval from Insurance Company </div> <div> <p>Kalvin LKK</p> <p>24/10/18 15:25 hrs</p> <p>3 Days</p> <p>L/S</p> <p>After Repair photo</p> </div>				
	Labour Charge			\$ 600
	Panel Beating			\$ 800.00
	Spray Painting Charge			\$ 900.00
	Wiring Charge			\$ 30.00
	Tuff Kote			\$ 50.00
	Remove/Refix Reverse Sensor			\$ 120.00
TOTAL LABOUR				\$ 1,900.00
ESTIMATE TOTAL				\$ 10,899.88
<p>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.</p>				11923.88

ENGINEERING

VEHICLE NO. : SHC3512J
MODEL : Marc (E5)
JOB NO : 305230026

TYPE OF CLAIM : TP - SDF 74485
SURVEY BY : LKK / Calvin Ang
DATE : 26/10/18

SUPPLEMENTARY OF PARTS AND LABOUR COSTS

[illegible]

Date : 31/10/18

To : LKK

Fax:

Attn : Mr KALVIN ANG

Vehicle Reg No. SHC3512J CTPL

24.10.18

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

- | | | | | |
|------|---|------|-----|-------------------|
| 1. | The repair job shall bill to: | NTUC | --- | SDF7448S |
| 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% | | \$7,500.00 |
| | Final Lumpsum Repair cost | | | \$7,500.00 |

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

We confirm the estimates and finalized amount

Signature : _____

Name : LIM KWOK ENG

Tel : 62148316

Fax : 65468156

Signature : _____

Name : Kaifu

Date : 7/11/20

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/INC18019376/K1qbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 12-11-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SDF 7448S	Veh. Inspected	SHC 3512J
Policy No.	5078055478-02	Coverage (\$)	0.00
Claim No.	MT/1017210-002	Excess (\$)	0.00
Assign From		Assign Date	24/10/2018

2. Vehicle Particulars & Condition

Make & Model	MERCEDES BENZ E 220	c.c	2143
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	WDD2120022A759561	Colour	WHITE
Odometer	741257	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	WEST LAKE	7 mm
L/H Front Tyre	205/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	24/10/2018	Inspection Date	24/10/2018
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 3512J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	BOOTLID	BUCKLED	2,470.00	2,470.00
2	BOOT LID LAMP (LH/RH) @\$655.00	SERVICEABLE	1,310.00	-
1	BOOT LID LOCK	SERVICEABLE	275.00	-
1	BOOT LID "E220" EMBLEM	NECESSARY	54.30	54.30
1	BOOT LID STAR LOGO	NECESSARY	45.00	45.00
1	BOOT LID "CDI0" EMBLEM	NECESSARY	54.30	54.30
1	REAR BUMPER	DEFORMED	1,510.00	1,510.00
1	REAR BUMPER REINFORCEMENT	BENT	1,150.00	1,150.00
2	REAR BUMPER BRACKET LOWER (LH/RH) @\$135.00	SERVICEABLE	270.00	-
2	REAR BUMPER BRACKET TOP (LH/RH) @\$125.00	SERVICEABLE	250.00	-
2	REAR BUMPER RETAINER MOUNTING (LH/RH) @\$115.00	SERVICEABLE	230.00	-
1	REAR BUMPER TOWING COVER	MISSING	175.00	175.00
1	TAILLAMP (RH)	CRACKED	1,280.00	1,280.00
1	REAR PANEL END	DENTED	1,380.00	1,380.00
1	REAR PANEL INNER GARNISH	CRACKED	240.00	240.00
10	REAR PANEL INNER GARNISH CLIP	NECESSARY	40.00	40.00
1	TAIL LAMP ASSY LH	CRACKED	1,280.00	1,280.00
	LESS 20% DISCOUNT		-2,402.72	-1,935.72
			9,610.88	7,742.88
<u>SPECIAL NETT ITEMS</u>				
1	BOOT LID "SOVEREIGN" STICKER (SN)	NECESSARY	25.00	25.00
1	REAR BUMPER SENSOR (SN)	SHORTED	388.00	388.00
			413.00	413.00
<u>LABOUR</u>				
	PANEL BEATING.		800.00	600.00
	SPRAY PAINTING CHARGE.		900.00	600.00
	WIRING CHARGE.		30.00	20.00
	TUFF KOTE.		50.00	20.00

Report Ref No. NS/INC18019376/K1qbn2



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 (\$)
	REMOVE/REFIX REVERSE SENSOR.		120.00	30.00
			1,900.00	1,270.00
GRAND TOTAL			11,923.88	9,425.88
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				7,500.00

Report Ref No. NS/INC18019376/K1qbn2

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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