

Surveyor: Kalvin

REF:

NS/INC18021827/K16b02

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/WS/TPRES/ODRES/EVA/INV/MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SJV 34250

Policy No. 504747707-07 220118-210119

Claims No. MT/1022632-001

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: SHD3025T Yr Regn: 3 Dec, 2015

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

Truck / Trailer or

Make: Hyundai I40 C.C. 1685

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

Sp. Reading: 4 84278 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHCB414M94080978

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / S/D/Rim or

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or

Harikat

Front

Rear

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

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

D.O.A. 3/12/18 D.O.I. 4/12/18

Survey held at CDGE (Loyang)

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

Rear

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

| Date / Time | Action / Instruction |
|-------------|---|
| | SHD 3025T - (C3 / LCR / 8007279 / K16362) DCA: 1SD47018 INC |
| | SJV 34250 - x 42 |
| 4/12/18 | Confirmed 4/5 \$1100 / 2 days |
| 04/12/18 | Confirmed 4/5 \$1,100/- @ 2 days with Kalvin. |
| | (C \$ 470/- Red - 30%) |
| | RECEIVED 05 DEC 2018 |

Date/Time, File Pass to?

05/12/18

☐ : Prel. Report

1) Typist

☒ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Photos

Others

TOTAL

Report Format:

Lump Sum / I.B.I: (\$ 1,100/- 4/5)

160

eBaoTech

General/Claim

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="03/12/2018 16:55"/> |
| Vehicle No.(For Motor) | <input type="text" value="SJV3425D"/> | 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"/> | 5047477097-07 | | MUHAMMAD ZULKIFFLI BIN YOKUP | S8230076G | GPC | drive CLASSIC | SJV3425D | Virtual Insured | 22/01/2018 | 21/01/2019 |

TP Claims against NTUC Income: Follow-Through Survey

Date 5/12/2018

| S/No | Income Reference | Claimant (Owner / Taxi Company) | Claimant Vehicle No. | Income Vehicle No. | Date of Accident | Time of Accident | Estimate | Tentative repair cost |
|------|------------------|---------------------------------|----------------------|--------------------|------------------|------------------|-------------|-----------------------|
| 1 | MT/1022171-002 | COMFORT TRANSPORTATION PTE LTD | SHD 6643P | GBA 5180B | 1/12/2018 | 3:15 | \$ 2,992.68 | \$ 1,750.00 |
| 2 | MT/1022164-002 | COMFORT TRANSPORTATION PTE LTD | SHB 6345K | SJQ 2334R | 30/11/2018 | 21:20 | \$ 1,510.00 | \$ 900.00 |
| 3 | MT/1022632-001 | COMFORT TRANSPORTATION PTE LTD | SHD 3025T | SJV 3425D | 3/12/2018 | 6:40 | \$ 1,570.00 | \$ 1,100.00 |
| 4 | MT/1022279-002 | CITYCAB PTE LTD | SHC 7088R | SHC 6809J | 1/12/2018 | 15:30 | \$ 2,429.06 | \$ 1,200.00 |

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 | 03/12/2018 13:02 |
| Date Of Accident | 03/12/2018 06:40 |
| Exact Location Of Accident | TAMPINES AVE 7 TWDS TAMPINES CENTRAL. |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHD3025T |
| 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 | I40 |
| 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 | LOO CHAN TIONG |
| NRIC No | S1371499A |
| Date Of Birth | 14/09/1959 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 20/08/1993 |
| Driving Experience | 25 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96730571 |
| Fax Number | |
| Contact Number | |
| EMail Address | JLOOCT@SINGNET.COM.SG |

| | |
|---|----------------------------------|
| Address | 94C 13-1399 BEDOK NORTH AVENUE 4 |
| Postcode | 462094 |
| 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) | 2 |
| Passenger 1 | NAME: : - GENDER: : FEMALE |

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

SEE ATTACH.

Attachment(s)

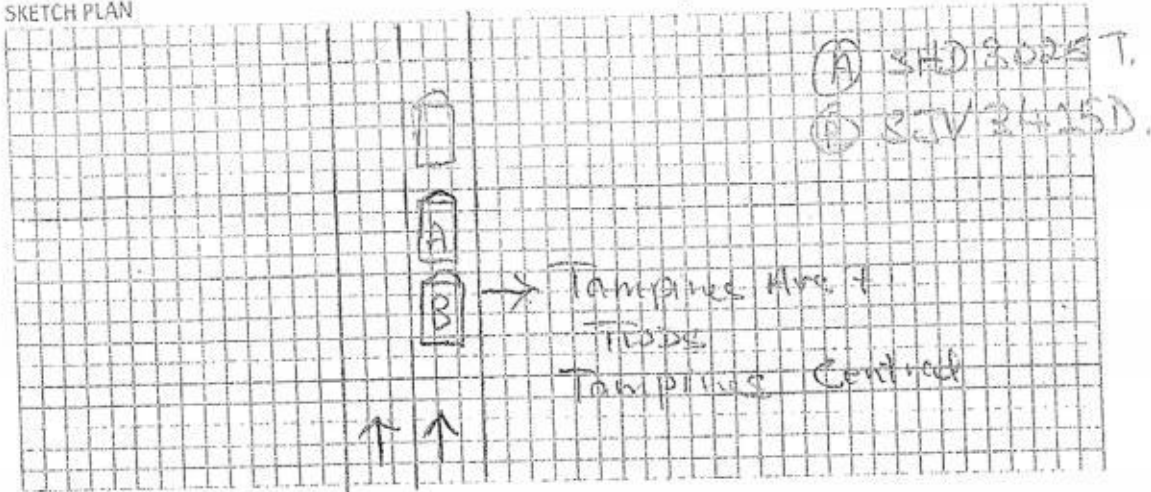
| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | - |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|------------------|
| Vehicle Registration Number | SJV3425D |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | SALBIAH BT SAMAT |
| NRIC/Passport Number | S1826491I |
| Contact Number | 81339045 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | FRT |

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 3/12/2018 at about 0640 hrs, I, vehicle A was driving my taxi at Tampines ave toward Tampines Central. As a car in front of me brakes and stop. I also follow him. A few second later, vehicle B came from my back bang into my taxi rear. No one was injured at that time.

DECLARATION

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

COMFORT TRANSPORTATION PTE
CO. REG. NO. 199303821R

Policyholder's Signature

[Signature]
Driver's Signature

3/12/18
Jackson Heng
CSO

[Signature]

Reporting Centre Personnel's Signature

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.

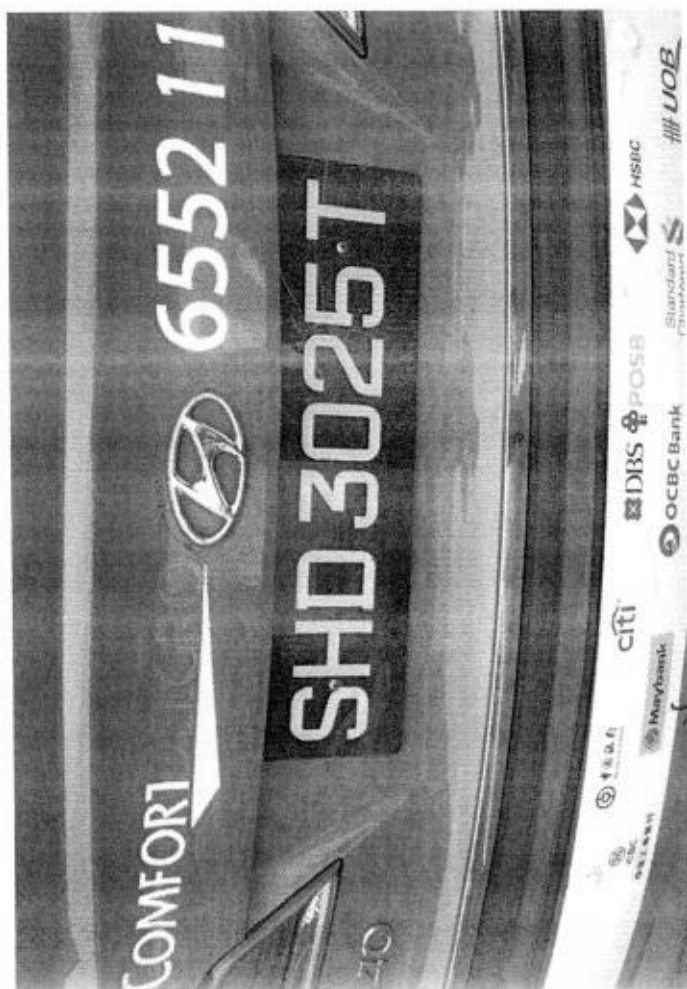
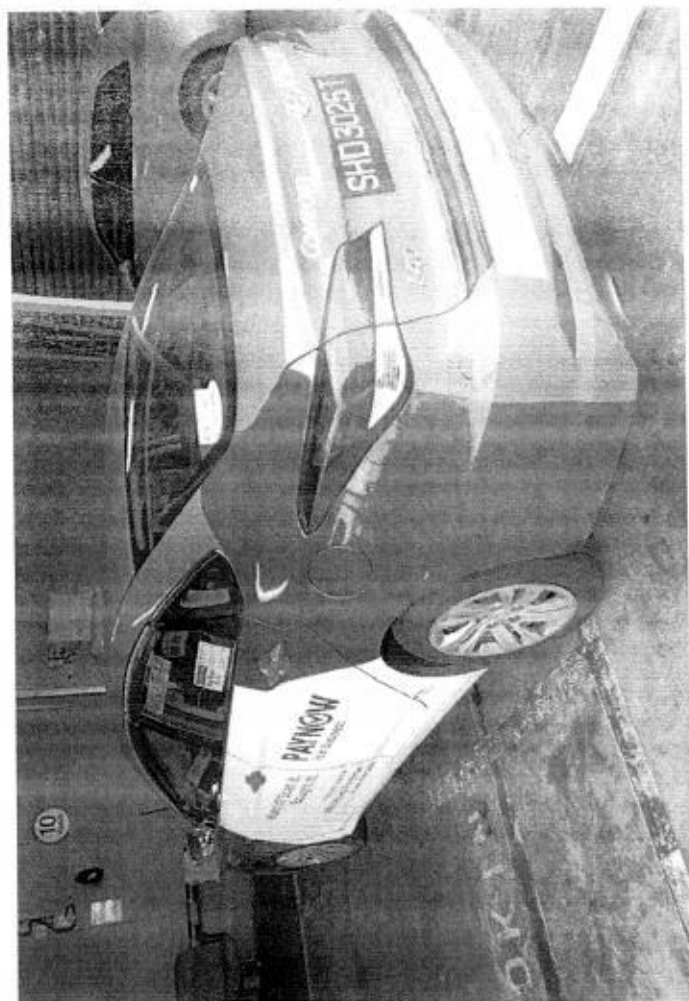
COMFORT TRANSPORTATION PTE. LTD.
CO. REG. NO. 199303821R

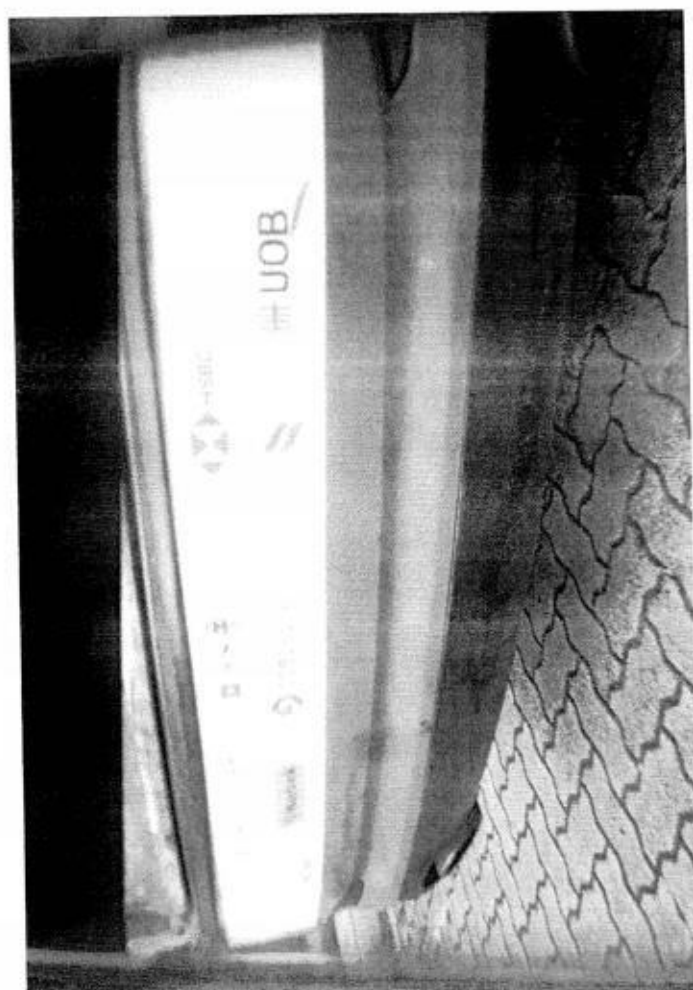
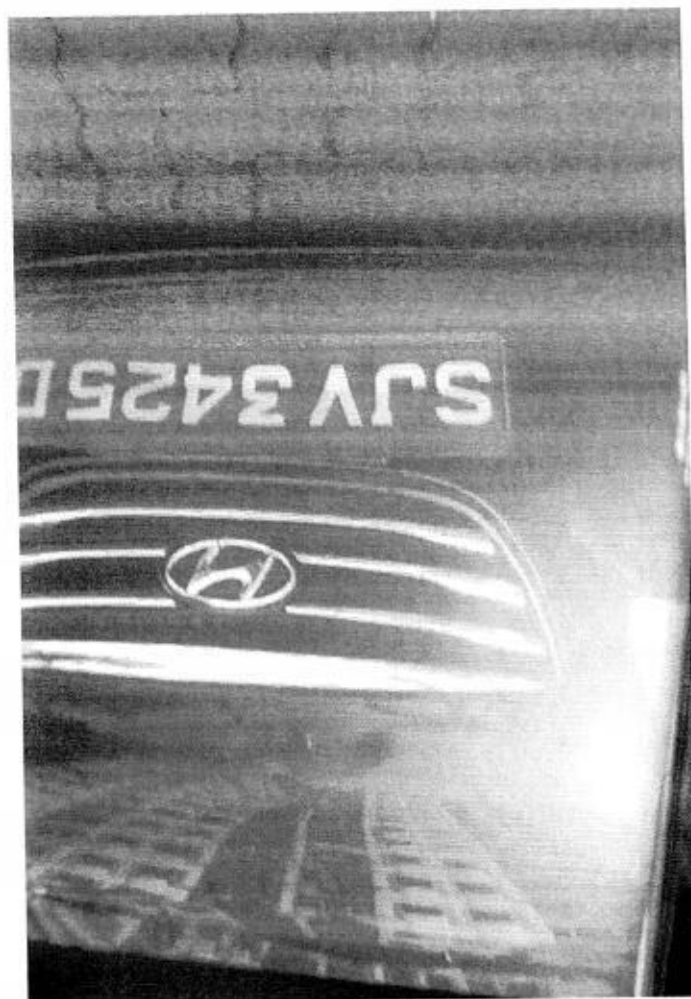
Policyholder's Signature
Date & Time:

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

3/12/18
Jackson Heng
CSO

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





COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE*

VEHICLE NO : SHD 3025T

DATE 3/12/2018 9:50

MAKE :

MODEL : HYUNDAI i40

NTUC/LKK
REAR

FZ

| Qty | Parts Description/ Labour | Type | Unit Price | Amount | |
|-----|--|------|------------|----------------|-------------|
| | Rear Bumper <i>Return</i> | | | \$ 553.00 | |
| | Rear Bumper Clip 10 pcs <i>nc</i> | | | \$ 22.00 | |
| | <i>rear bumper under cover - cut</i> | | | \$ 228 | |
| | SUB TOTAL | | | \$ 575.00 | |
| | LESS 20% | | | \$ 115.00 | |
| | DISCOUNTED TOTAL | | | \$ 460.00 | |
| | | | | | |
| | Rear Bumper Rubber Mat <i>nc</i> | | | \$ 50.00 | Nett |
| | Rear Bumper Advertisement Logo <i>nc</i> | | | \$ 50.00 | Nett |
| | Rear Fender Advertisement Logo (LH/RH) <i>nc</i> | | \$ 100.00 | \$ 200.00 | Nett |
| | | | | \$ 300.00 | |
| | | | | | |
| | Labour Charge | | | <i>200</i> | |
| | Panel Beating | | | \$ 400.00 | |
| | Spray Painting Charge | | | \$ 300.00 | <i>200</i> |
| | Wiring Charge | | | \$ 30.00 | <i>x 71</i> |
| | Remove/Refix Reverse Sensor | | | \$ 80.00 | <i>70</i> |
| | TOTAL LABOUR | | | \$ 810.00 | |
| | | | | | |
| | ESTIMATE TOTAL | | | \$ 1,570.00 | |
| | | | | <i>1752.40</i> | |

1 Kahua (LKK)
4/12/18 1015 hrs
2 Pys
4/5
After Repair photo

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:

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: 3878812

JC NO.: 305246464

CUSTOMER
R/MS COMFORT TRANSPORTATION PTE LTD
CUSTOMER NO. 7010045
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
TEL (R) 65508755 (O)

SCOUT CARD NO.

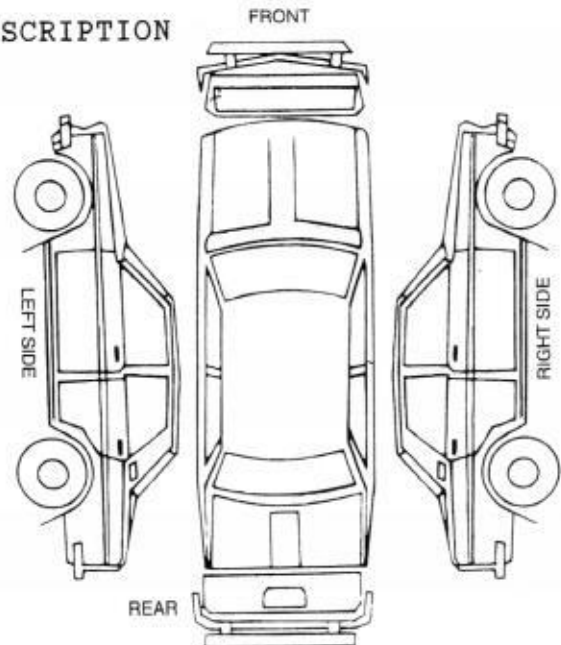
| | |
|--------------------------------|-------------------------------|
| REGN NO.: SHD3025T | MILEAGE |
| MAKE: HYUNDAI | FUEL E.....1/2.....F |
| MODEL I-40 | DATE/TIME IN 03.12.2018 09:25 |
| YR OF MANU 03.12.2015 | TARGET DATE |
| CHASSIS CODE KMHLB41UMGU080978 | COMPLETION DATE/TIME: |

JOB DESCRIPTION

Accident Date: 03.12.2018
NATURE: 3P 03.12.18/B

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHD3025T FZ (NTUC)

Vehicle No.: SHD3025T

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

Vehicle returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305246464
Date : 04.12.2018

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

FINALIZATION FORM

To : LKK
Attn : KALVIN

Fax :

Vehicle Reg No. : SHD3025T Date of Accident : 03.12.2018

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

1. The repair job shall bill to: NTUC --- SJV3425D
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$0.00
 - (b) Labour Charges \$0.00
 - Total for Part-By-Part Repair Cost \$0.00
 - (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20% \$1,100.00
Final Lumpsum Repair cost \$1,100.00

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 : FAUZY BIN MOKHTAR

Tel : 62148319

Fax : 65468156

Signature : 

Name : Kalvin

Date : 4/12/18

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/INC18021827/K1sbn2 | | | | |
| 73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556 | | | Date: 13-12-2018 |  |
| Code: INC4 | | | | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | | |
| Insured Veh. | SJV 3425D | Veh. Inspected | SHD 3025T | |
| Policy No. | 5047477097-07 | Coverage (\$) | 0.00 | |
| Claim No. | MT/1022632-001 | Excess (\$) | 0.00 | |
| Assign From | | Assign Date | 04/12/2018 | |
| 2. Vehicle Particulars & Condition | | | | |
| Make & Model | HYUNDAI I40 | c.c | 1685 | |
| Engine No. | HIDDEN | Year of Reg. | 2015 | |
| Chassis No. | KMHLB41UMGU080978 | Colour | BLUE | |
| Odometer | 484278 | 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 | HANKOOK | 7 mm | |
| L/H Front Tyre | 205/60 R16 | HANKOOK | 7 mm | |
| R/H Rear Tyre | 205/60 R16 | HANKOOK | 7 mm | |
| L/H Rear Tyre | 205/60 R16 | HANKOOK | 7 mm | |
| 4. Description of Damages | | | | |
| THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS. | | | | |
| 5. General Information | | | | |
| Accident Date | 03/12/2018 | Inspection Date | 04/12/2018 | |
| 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. SHD 3025T

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|---|---|---------------|---------------------------|-------------------|
| <u>REPLACEMENT OF PARTS</u> | | | | |
| 1 | REAR BUMPER | DEFORMED | 553.00 | 553.00 |
| 10 | REAR BUMPER CLIP | NECESSARY | 22.00 | 22.00 |
| 1 | REAR BUMPER UNDER COVER | CUT | 228.00 | 228.00 |
| | LESS 20% DISCOUNT | | -160.60 | -160.60 |
| | | | 642.40 | 642.40 |
| <u>SPECIAL NETT ITEMS</u> | | | | |
| 1 | REAR BUMPER RUBBER MAT (SN) | NECESSARY | 50.00 | 50.00 |
| 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 |
| | | | 300.00 | 300.00 |
| <u>LABOUR</u> | | | | |
| | PANEL BEATING. | | 400.00 | 200.00 |
| | SPRAY PAINTING CHARGE. | | 300.00 | 200.00 |
| | WIRING CHARGE. | NOT NECESSARY | 30.00 | - |
| | REMOVE/REFIX REVERSE SENSOR. | | 80.00 | 30.00 |
| | | | 810.00 | 430.00 |
| GRAND TOTAL | | | 1,752.40 | 1,372.40 |
| RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED) | | | | 1,100.00 |

Report Ref No. NS/INC18021827/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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