

22/03/2002

ASS. REC. BY:

REF:

CS/7CL18021998/Rlg bel

Special Instruction:

Surveyor

ASSIGNMENT (Office) ✓From (Person): LWS Serene Lee of FCI Date/Time: 06-12-2018 4.20pm

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

**OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS**To Inspect Vehicle No: SBS 3316X Insured: SH 8879Lat Workshop m/s Tower Transit Tel: 9846 2243of 21 Buim DaiPolicy No: \_\_\_\_\_ Claim No: 019008629mfsH

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 21/11/2018  
(Client's Record)

CA / REV / REP. / REV 24 HRS 'wp'

H.O.D. Endorsement: \_\_\_\_\_

Date/Time: 06-12-2018 4:57pm Person Contacted: Sharifah Vehicle IN / OUT

Date/Time	Action/Instruction ( ✓ ) Estimate	
	SBS 3316X - CS/MSH17005787/Rlg bel	DUA: 21032017
	SH 8879L - CS/7CL16012437/Rlg bel	DUA: 03072016
12/12/18 @ 4.44pm	revised to Serene Lee by email.	

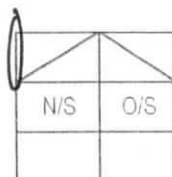
Signature: *[Signature]*

REF:

9417K

# ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: \_\_\_\_\_  
 at Workshop m/s \_\_\_\_\_  
 of \_\_\_\_\_  
 Insured: \_\_\_\_\_  
 Policy No: \_\_\_\_\_  
 Claims No: \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_



(Policy Condition)  
 Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Rpt: \_\_\_\_\_ 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: **SBS 3316X** Yr Regn: **2012 / NOV**  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: **VOLVO B9TL 9-4L A** c.c **9364**  
 Colour: **GREEN** A/C: Insured / Std / NI / NA  
 Sp.Reading: **324314** T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: **4V3S4P927CA157728**  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: Order / Jammed / Leaked / Burnt or  
 Brake: Order / Jammed / Leaked / Burnt or  
 Modi: MR S/Rim / STD A/Rim or  
 Tyre Size: F: **275/70R22.5**  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or  
 Front Rear  
 R/Bal. **8** mm R/Bal. **8/8** mm  
 L/Bal. **8** mm L/Bal. **8/8** mm  
 D.O.A. **29/11/18** D.O.I. **07/12/18**  
 Survey held at **TOWER TRANSIT**  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
**N/S FR**  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

10/12/18 Insured amount of \$300.00 / day, amount confirmed by  
*sharif*  
 (Red \$300, 50%)  
 no lump sum.

RECEIVED 13 DEC 2018

*[Signature]*  
 12/12/2018

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

1) 13/12 *transfer* ☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: **1**

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech Invs (\$

☐ : Weekend (\$

Survey Fee:

Transportation:

☐ S + RS ☐ SI

☐ Photos

☐ Others

TOTAL

Report Format : **TP**

Lump Sum / I.B.L: (\$ **300**)

90

50

12

152

**MOTOR SURVEY ASSIGNMENT**

<b>Date</b>	05-12-2018	<b>Our Ref No.</b> D18008629MFSH
<b>Accident Date</b>	29-11-2018	<b>Claim Type.</b> Third Party
<b>Insured Vehicle</b>	SH8879L	<b>Third Party Vehicle.</b> SBS3316X
<b>Survey Location</b>	21 BULIM DRIVE BULIM BUS DEPOT	
<b>Contact Person.</b>	SHARIFAH NUSAYBAH	
<b>Contact No.</b>	68171747/ 98482243	<b>Fax No.</b> 0
<b>Survey Type</b>	WITHOUT PREJUDICE:	
<b>Appointed Surveyor</b>	LKK AUTO CONSULTANTS PTE LTD	
<b>Contact Person</b>	NA	<b>Fax No.</b> 68416315
<b>Contact Number.</b>	NA	

**FOR DIRECT SETTLEMENT**

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

**THIRD PARTY SURVEY REQUEST**

<b>Cc : Workshop</b>	TOWER TRANSIT SINGAPORE PTE LTD	<b>Attention.</b> NIL
<b>Cc : TP Solicitor</b>	NA	<b>TP Solicitor Fax No.</b> NA
<b>Officer Incharge</b>	SERENE	

**IMPORTANT NOTE**

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.  
This is a computer generated letter, no signature required.

## Shiau Chan (LKKAUTO)

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**From:** Shiau Chan (LKKAUTO)  
**Sent:** Wednesday, 12 December 2018 4:44 PM  
**To:** 'CWS Motor Claims'; assignments  
**Cc:** 'Serene Ler'; SUR  
**Subject:** RE: SURVEY ASSESSMENT - D18008629MFSH/1  
**Attachments:** CSFCI18021998R1qb.pdf

Dear Serene,

Enclosed herewith preliminary advice of SBS 3316X.

Best Regards,

**Shiau Chan (Ms)** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [siewsc@lkkauto.com](mailto:siewsc@lkkauto.com) | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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**From:** Admin-D (LKKAUTO)  
**Sent:** Thursday, 6 December 2018 4:29 PM  
**To:** 'CWS Motor Claims' <[cwsmotorclaims@msfirstcapital.com.sg](mailto:cwsmotorclaims@msfirstcapital.com.sg)>; assignments <[assignments@lkkauto.com](mailto:assignments@lkkauto.com)>  
**Cc:** 'Serene Ler' <[Sereneler@msfirstcapital.com.sg](mailto:Sereneler@msfirstcapital.com.sg)>; SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>  
**Subject:** RE: SURVEY ASSESSMENT - D18008629MFSH/1

Dear Sir / madam,

Thank you for the assignment.

Please be informed that vehicle currently not in the workshop, repairer will arrange.

Best Regards,

**Catherine Chong** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6741-8434 | email: [assignments@lkkauto.com](mailto:assignments@lkkauto.com) | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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**From:** CWS Motor Claims [<mailto:cwsmotorclaims@msfirstcapital.com.sg>]  
**Sent:** Thursday, 6 December, 2018 4:20 PM  
**To:** [ASSIGNMENTS@LKKAUTO.COM](mailto:ASSIGNMENTS@LKKAUTO.COM)  
**Cc:** CWS Motor Claims <[cwsmotorclaims@msfirstcapital.com.sg](mailto:cwsmotorclaims@msfirstcapital.com.sg)>; Serene Ler <[Sereneler@msfirstcapital.com.sg](mailto:Sereneler@msfirstcapital.com.sg)>  
**Subject:** PRI: SURVEY ASSESSMENT - D18008629MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

Please find attached the necessary documents for survey.

Kindly submit your report via CWS within the next 14 days.

**Note:** All the accident reports are uploaded into CWS for your perusal.



Auto  
Consultants  
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: D18008629MFSH

Date: 12 December 2018

Our Ref: CS/FCI18021998/R1qb

The Motor Claims Department  
First Capital Insurance Ltd

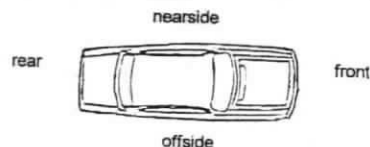
Dear Sir/Madam,

**INITIAL INSPECTION REPORT OF VEHICLE NO. SBS 3316X .**

Please be informed that we had conducted the inspection of the abovementioned vehicle on 07/12/2018 at the premises of M/s TOWER TRANSIT . and have the following to report:-

Workshop Estimate Amount	: S\$ 600.00 .
Revised Estimate Amount	: S\$ 300.00 .
"Check" Items Amount	: S\$ - .
Market Value	: S\$ - .
LTA Reimbursement Value	: S\$ - .
Nett Value	: S\$ - .

Description of Damage:  
The vehicle sustained damages  
at the n/s front portion.



Yours faithfully

Rasul  
Automotive Assessor

## 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	30/11/2018 15:45
Date Of Accident	29/11/2018 14:20
Exact Location Of Accident	JALAN ANAK BUKIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS3316X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TOWER TRANSIT SINGAPORE PTE LTD
Co Reg No	201419417K
Email Address	SHARIFAH@TOWERTRANSIT.SG
Mobile Phone No	
Alternative Phone No	OFFICE-68171747

### Vehicle Particulars

Manufacturer	VOLVO
Model	B9TL-9.4 D (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	BUS

### Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D-18092210MFBP
Cover Note Number	

### Driver

Name of Driver	CHONG SHUN YEE
Passport No/FIN	G6546687U
Date Of Birth	05/12/1983
Occupation	OUTDOOR
Date Of Driving Pass	31/07/2017
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98888888
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 21 BULIM DRIVE

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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?

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) 11

#### 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 TO ATTACHED STATEMENT.

#### Attachment(s)

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan

### SKETCH PLAN


#### 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.

Policyholder's Signature  
Date & Time:

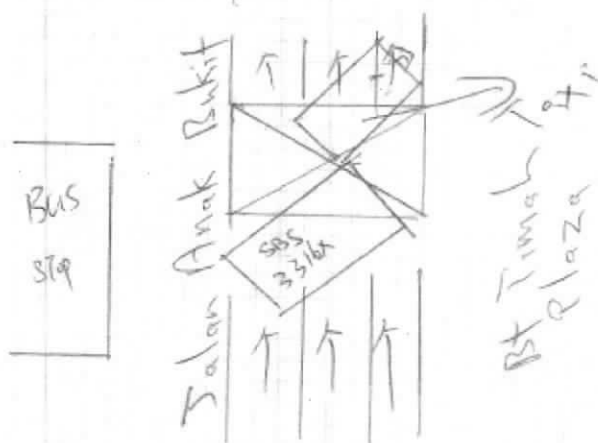
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 30/11/2018

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



## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

See Attached.

### DECLARATION

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

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 3/11/2018  
11:05am

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

Sketch Plan #3



Statement Form

BC Name: Cheng Shun Yee Date Taken: 30/11/2018  
 BC No : 12692 Time Taken: 10:59am  
 Nature of Incident: Bus Sideswiped by Taxi  
 Date of Incident: 29/11/2018 Time of Incident: 14:21pm  
 Service No: 41 Bus Reg No: SBS 3316X Duty No: A01

Details:

On 29 Nov '18, I was on  
 SBS 3316X Svc 041. At 1650 hrs,  
 I was at B/S 42089 opposite  
 BT Timex Plaza & when exiting  
 the bus stop, my bus was  
 sideswiped by a taxi. The driver  
 drove off without stopping.  
 There were 10 pax on board &  
 I was asked to proceed on  
 service revenue.

\*I confirmed that the above statement given by me is correct to the best of my knowledge.

Cheng Shun Yee 12692 [Signature] 30/11/2018 11:05am  
 BC Name & No. Signature Date & Time  
 Statement Taken By:  
Peter Lim 15  
 Name Designation

# ESTIMATED ACCIDENT REPAIR COST



ACCIDENT TIME REPORTED	1420HRS
ACCIDENT DATE	29-Nov-18
BUS CAPTAIN NAME	CHONG SHUN YEE
EMPLOYEE NUMBER	

BUS REGISTRATION NUMBER	SBS3316X
BUS TYPE (SD/DD)	DD
BUS ROUTE NUMBER	
BUS ADVERTS (Y/N)	N

## SECTION 1: PARTS & CONSUMABLE ITEMS (MATERIAL COST)

Part No.	Part or Item Description	Quantity	Total Cost
		7% GST	\$0.00
		FINAL TOTAL COST	\$0.00

## SECTION 2: ASSESSMENT / REPAIR / SPRAY PAINT (LABOUR COST)

LABOUR ITEM (PLEASE SPECIFY IF ITS ASSESSMENT, REPAIR OR SPRAY PAINT)	TOTAL COST
TO REPLACE/REPAIR THE DAMAGED PARTS (INCLUDING SPRAY PAINTING)	300 <del>\$600.00</del>
	7% GST \$42.00
	FINAL TOTAL COST \$642.00

# ESTIMATED ACCIDENT REPAIR COST



## SECTION 5: REPAIRS TO BUS ADVERTISEMENT VINYL/PANELS (ADVERTISEMENT COST)

TOTAL ADVERTISEMENT REPAIR COST	-
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## SECTION 6: RECOVERY OF ACCIDENT BUS (TOWING COST)

TOTAL TOWING COST	-
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## SECTION 7: NUMBER OF DAYS UNDER ACCIDENT REPAIR (LOSS OF USE COST)

		Date In For Repairs	8/12/2018
		Date Out From Repairs	9/12/2018
BUS TYPE (SD / DD)	DD	Number of Days Under Repair	1
LOSS OF USE COST			\$400.00

SUMMARY	
SECTION NO.	COST
1	\$0.00
2	\$642.00
3	-
4	-
5	\$400.00
ESTIMATED ACCIDENT REPAIR COST (1+2+3+4+5)	\$1,042.00

*Pass*  
*Hp 900/0068*  
*1 day*  
*01/12/18 @ 1520*  
*Reg after repair*




# LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile				
MS FIRST CAPITAL INSURANCE LTD			Ref : CS/FCI18021998/R1qbe2	
36 ROBINSON ROAD #16-01 CITY HOUSES SINGAPORE 068877			Date : 18-12-2018	
			Code : FCI2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SH 8879L	Veh. Inspected	SBS 3316X	
Policy No.		Coverage (\$)	0.00	
Claim No.	D18008629MFSH	Excess (\$)	0.00	
Assign From	SERENE LER	Assign Date	06/12/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	VOLVO B9TL 9.4L A	c.c	9364	
Engine No.	HIDDEN	Year of Reg.	2012	
Chassis No.	YV3S4P927CA157728	Colour	GREEN	
Odometer	324314	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	FAIR			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	275/70 R22.5	MICHELIN	8 mm	
L/H Front Tyre	275/70 R22.5	MICHELIN	8 mm	
R/H Rear Tyre	275/70 R22.5 (D)	MICHELIN	8/8 mm	
L/H Rear Tyre	275/70 R22.5 (D)	MICHELIN	8/8 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	29/11/2018	Inspection Date	07/12/2018	
Survey held at	TOWER TRANSIT SINGAPORE PTE. LTD. 21 BULIM DRIVE SINGAPORE 648170			
<b>5a. Remarks</b>				
A) DAMAGES CONSISTENT TO ACCIDENT REPORT. B) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. C) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		<b>1 Working Days</b>		



## LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SBS 3316X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b>LABOUR</b> TO REPLACE / REPAIR THE DAMAGED PARTS (INCLUDING SPRAY PAINTING)		600.00	300.00
			-	-
			600.00	300.00
<b>GRAND TOTAL</b>			<b>600.00</b>	<b>300.00</b>

<b>RECOMMENDED COST OF REPAIRS</b>			<b>300.00</b>
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Report Ref No. CS/FCI18021998/R1qbe2

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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