

ASS. REC. BY:

REF: CS/UOI18022356/Kqd3 02
Special Instruction:

Surveyor: Kenneth

ASSIGNMENT (Office)

From (Person): Felix

of

UOI

Date/Time: 12/12/18 @ 1:52pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHD 424U

Insured:

SLV 8618H

at Workshop m/s

Trans-cab

Tel:

6213 0998

of

No. 2 Amk St - 63

Policy No:

Claim No:

DHOM110161671800

Sum Insured:

Excess:

Make of Veh:

D.O.A.

09/12/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

1:52pm @ 12/12/18

Person Contacted:

Joh Wei

Vehicle IN OUT

Date/Time

Action/Instruction (✓) Estimate

SHD 424U - CS / FCI 18019919 / Kqd 3n2

DUA: 26/10/2018

SLV 8618H - X

ASS. REC. BY:

REF:

U021

Kenneth

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 Report:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

02 days

Res.: Yes or No

Lum Sum:

1-B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

S140 424U

Yr Regn:

12, 16

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

Truck / Trailer or

Make:

Perout Latitude

c.c

1995

Colour:

M. White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

234272

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

VF1ABL15AUC. 283445

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NII / S/Rim / STD A/Rim or

Tyre Size:

F:

215/60R16

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Giti

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

9/12/18

D.O.I.

12/12/18

Survey held at

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

O/S Rec

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

Date / Time

Action / Instruction

13/12

File pass to Catherine

8 740h (Red 6 193972.60, 96%)

RECEIVED 14 DEC 2018

Date/Time, File Pass to?

☐

: Prell. Report

1) 13/12 10:00

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

2

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Fixings

Others

TOTAL

10x25 = 250

250 + 250

60

9

569

Report Format:

TP

Lump Sum / I.B.I. (\$

740



MEMBER OF THE UOB GROUP

United Overseas Insurance Limited
3 Anson Road #28-01 Springleaf Tower
Singapore 079909
Tel (65) 6222 7733
Fax (65) 6327 3869 / 6327 3870
Email: ContactUs@uoi.com.sg
uoi.com.sg
Co. Reg. No. 197100152R

To :	Trans-Cab Services Pte Ltd Attn:Kek Zhewei	Fax : 62571330
From :	Jenny Lew	Fax : 63273869
Date :	12.121.2018	Our ref: SLV8618H (DHOM110161671800) Yr ref : SHD424U

FACSIMILE MESSAGE

WITHOUT PREJUDICE

REQUEST FOR PRE-REPAIR SURVEY – SHD424U
ACCIDENT INVOLVING SLV8618H AND SHD424U ON 9.12.2018

We refer to your facsimile dated 11.12.2018.

Pursuant to the amended Pre-action Protocol for Non-Injury Motor Accident (NIMA), we enclose a list of our Surveyors, for your attention.

In this case you have proposed to appoint M/s LKK Auto Consultants Pte Ltd to conduct the pre-repair survey on without prejudice basis.

Please seek your client's instruction for the repair after the inspection has been completed and inform our surveyors to carry out a Post-Repair Inspection,

We reserve all our rights in this matter.

Thank you.

Regards

Jenny Lew
Claims Dept

cc. LKK Auto Consultants Pte Ltd
Fax: 62564315
Attn : Shiau Chan

For your immediate attention.

Enquire PARF/COE Rebate for Registered Vehicle

The information contained herein is correct as at 10 Dec 2018

OK

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	10/12/2018 09:30
Date Of Accident	09/12/2018 18:20
Exact Location Of Accident	ORCHARD BLOUEVARD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD424U
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Email Address	CLAIMS@TRANSCAB.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62876666

Vehicle Particulars

Manufacturer	RENAULT
Model	LATITUDE-2.0 D DCI (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
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	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	VPX/P1680520
Cover Note Number	

Driver

Name of Driver	ONG MING HOE VINCENT
NRIC No	S8014152A
Date Of Birth	03/05/1980
Occupation	OUTDOOR
Date Of Driving Pass	29/07/2003
Driving Experience	15 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83882523
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 108 YISHUN RING ROAD #08-289
Postcode	760108
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	2
Was any body injured in the Accident?	YES
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN 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

ON 09/12/2018 AT ABOUT 1820HRS, I WAS TRAVELLING STRAIGHT ALONG THE THIRD LANE OF ORCHARD BOULEVARD, SUDDENLY VEHICLE B(SLV8618H) SWERVED ONTO MY LANE FROM THE SECOND LANE AND COLLIDED ONTO MY TAXI'S REAR RIGHT PORTION.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE SIZE TOO LARGE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV8618H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

ONG MING HOE VINCENT

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHD424U

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Sketch Plan Pg. 1

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:



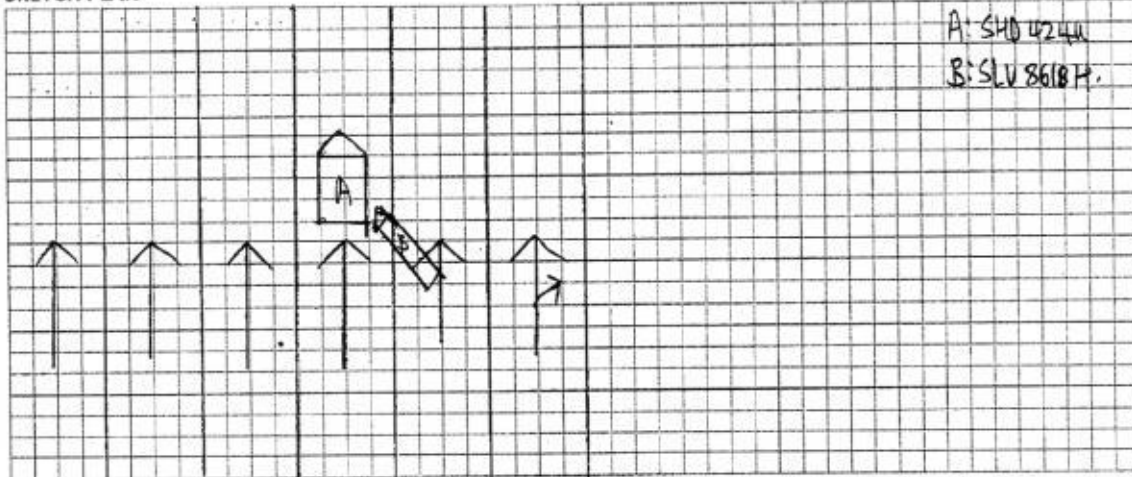
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to GIA Report.

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:

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

Trans-cab Auto Services Pte Ltd

AAD1812-063

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHD 424U

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

SHD 424U

VF1ABL15AUC283445

RENAULT

LATITUDE

9.12.2018

UOI*Not Authorised**Recovery By paint**\$740/h***PART****LIST**

- 1 FENDER PANEL REAR RH
- 1 FENDER PANEL INNER TRIM REAR
- 1 WHEELARCH REAR RH
- 1 ROCKER PANEL INNER GARNISH RH
- 1 ROCKER PANEL INNER RH
- 1 ROCKER PANEL CENTER RH
- 1 BUMPER COVER REAR
- 1 BUMPER LOWER REAR
- 1 BUMPER BRACKET CTR REAR
- 1 BUMPER BRACKET SIDE RH REAR
- 1 BUMPER RETAINER RH REAR

\$	<i>RM</i>	3,299.13	}
\$	<i>RM</i>	671.45	
\$	<i>RM</i>	543.47	
\$	<i>RM</i>	466.51	
\$	<i>RM</i>	1,024.79	
\$	<i>RM</i>	990.25	
\$	<i>RM</i>	1,108.46	
\$	<i>RM</i>	768.84	
\$	<i>RM</i>	113.47	
\$	<i>RM</i>	135.97	
\$	<i>RM</i>	44.99	

\$	9,167.33
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10% \$	916.73
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\$	8,250.60
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Special Nett

- 1SET PARKING AID
- 1SET REAR BUMPER CLIP
- 1SET BUMPER BRACKET CTR CLIP
- 1SET BUMPER BRACKET SIDE CLIP RH RR
- 1SET BUMPER RETAINER RH CLIP RR
- 1SET BUMPER RETAINER CLIP LH RR
- 1SET BUMPER LOWER REAR RIVET
- 1SET BUMPER LOWER REAR CLIP

\$	<i>RM</i>	700.00	}
\$	<i>RM</i>	66.00	
\$	<i>RM</i>	33.00	
\$	<i>RM</i>	10.00	
\$	<i>RM</i>	20.00	
\$	<i>RM</i>	20.00	
\$	<i>RM</i>	22.00	
\$	<i>RM</i>	66.00	

TOTAL	\$	937.00
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Trans-cab Auto Services Pte Ltd

AAD1812-063

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHD 424U

TOTAL PARTS	\$	9,187.60
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LABOUR

Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$	3000 4,500.00
Putty and spray painting of the affected portion.	\$	4400 4,200.00
To rust-proofing of the affected areas.	\$	200 170.00 X
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	5 380.00 X
To check steering geometry and computer wheel alignment	\$	5 220.00 X
To transfer of tire, rim and on wheel balancing.	\$	5 170.00 X
To Check Electrical Lighting Concerned.	\$	5 170.00 X
To transfer of Rear door fittings, attachment and perform water seepage test.	\$	5 380.00 X
To transfer of Rear fender fittings, attachment and perform water seepage test.	\$	5 380.00 X
To transfer of Rear bumper fittings, attachment and perform water seepage test.	\$	5 380.00 X

TOTAL	\$	10,950.00
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Over All Total	\$	20,137.60
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PART-BY-PART(REPAIR DAY)**15-DAYS**

2 day,

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
- is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:



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

UNITED OVERSEAS INSURANCE LTD

Ref : CS/UOI18022356/Kqd3n2

3 ANSON ROAD #28-01
SPRINGLEAF TOWER SINGAPORE 079909

Date : 19-12-2018



Code : UOI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLV 8618H	Veh. Inspected	SHD 424U
Policy No.		Coverage (\$)	0.00
Claim No.	DHOM110161671800	Excess (\$)	0.00
Assign From	FELIX	Assign Date	12/12/2018

2. Vehicle Particulars & Condition

Make & Model	RENAULT LATITUDE (A)	c.c	1995
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	VF1ABL15AUC283445	Colour	METALLIC WHITE / RED
Odometer	234272	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/60 R16	GITI	9 mm
L/H Front Tyre	215/60 R16	GITI	9 mm
R/H Rear Tyre	215/60 R16	GITI	9 mm
L/H Rear Tyre	215/60 R16	GITI	9 mm

4. Description of Damages

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

Accident Date	09/12/2018	Inspection Date	12/12/2018
Survey held at	TRANS-CAB AUTO SERVICES PTE LTD NO.2 ANG MO KIO ST 63 SINGAPORE 569111		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 424U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FENDER PANEL REAR RH	TO REPAIR SEE LABOUR	3,299.13	-
1	FENDER PANEL INNER TRIM REAR	SERVICEABLE	671.45	-
1	WHEELARCH REAR RH	SERVICEABLE	543.47	-
1	ROCKER PANEL INNER GARNISH RH	SERVICEABLE	466.51	-
1	ROCKER PANEL INNER RH	TO REPAIR SEE LABOUR	1,024.79	-
1	ROCKER PANEL CENTER RH	TO REPAIR SEE LABOUR	990.25	-
1	BUMPER COVER REAR	TO REPAIR SEE LABOUR	1,108.46	-
1	BUMPER LOWER REAR	SERVICEABLE	768.84	-
1	BUMPER BRACKET CTR REAR	SERVICEABLE	113.47	-
1	BUMPER BRACKET SIDE RH REAR	SERVICEABLE	135.97	-
1	BUMPER RETAINER RH REAR	SERVICEABLE	44.99	-
	LESS 10% DISCOUNT		-916.73	-
			8,250.60	-
<u>SPECIAL NETT ITEMS</u>				
1	SET PARKING AID (SN)	SERVICEABLE	700.00	-
1	SET REAR BUMPER CLIP (SN)	NOT NECESSARY	66.00	-
1	SET BUMPER BRACKET CTR CLIP (SN)	NOT NECESSARY	33.00	-
1	SET BUMPER BRACKET SIDE CLIP RH RR (SN)	NOT NECESSARY	10.00	-
1	SET BUMPER RETAINER RH CLIP RR (SN)	NOT NECESSARY	20.00	-
1	SET BUMPER RETAINER CLIP LH RR (SN)	NOT NECESSARY	20.00	-
1	SET BUMPER LOWER REAR RIVET (SN)	NOT NECESSARY	22.00	-
1	SET BUMPER LOWER REAR CLIP (SN)	NOT NECESSARY	66.00	-
			937.00	-
<u>LABOUR</u>				
	PANEL BEATING,KNOCKING AND STRAIGHTENING THE NECESSARY PORTION,REMOVE AND RENEWAL OF PARTS,ADJUST AND REALIGN THE SAME.INCLUSIVE OF THE REPAIR OF FENDER PANEL REAR RH,ROCKER PANEL INNER RH,ROCKER PANEL CENTER RH AND BUMPER COVER REAR.		4,500.00	300.00
	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION.		4,200.00	440.00

Report Ref No. CS/UOI18022356/Kqd3n2



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.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO RUST-PROOFING OF THE AFFECTED AREAS.	NOT NECESSARY	170.00	-
	TO REMOVE AND REFIT INTERIOR FITTINGS, TRIMINGS, GARNISH, FITTINGS AND OTHER, TO ENABLE REPAIR.	NOT NECESSARY	380.00	-
	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT.	NOT NECESSARY	220.00	-
	TO TRANSFER OF TIRE, RIM AND ON WHEEL BALANCING.	NOT NECESSARY	170.00	-
	TO CHECK ELECTRICAL LIGHTING CONCERNED.	NOT NECESSARY	170.00	-
	TO TRANSFER OF REAR DOOR FITTINGS, ATTACHMENT AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	380.00	-
	TO TRANSFER OF REAR FENDER FITTINGS, ATTACHMENT AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	380.00	-
	TO TRANSFER OF REAR BUMPER FITTINGS, ATTACHMENT AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	380.00	-
			10,950.00	740.00
GRAND TOTAL			20,137.60	740.00
RECOMMENDED COST OF REPAIRS				740.00

Report Ref No. CS/UOI18022356/Kqd3n2

KONG SENG CHEONG

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.