

Surveilor: Kojin

REF: NS/INC18023128 / K11612

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD/TP IHS / TP RES / OD RES / EVA / INV / MV
 To Inspected Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: FBE 5169J
 Policy No: 5193 882097 - 01 09012018
 Claims No: MT/1025523-001
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SH 8071A Yr Regn: 9 Dec, 2016
 Type: M. Car / M. Cycle / Bus / Van / Lorry / T/A / Prime Mover /
 Truck / Trailer or
 Make: Toyota Prius cc 1798
 Colour: Blue A/C: Ins Yes / Std / Nil / NA
 Sp. Reading: 300578 T/Radio: Ins Yes / Std / Nil / NA
 Eng No: _____
 C/Nr: J70KB3F4503538285
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD / R/Rim or
 Tyre Size: F: 195/65R15
 R: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

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

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OH / SU / PIR / SUMI /
 TOYO / YOKO or Waller
 Front Rear
 R/Bal. 7 mm R/Bal. 7 mm
 L/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 21/12/18 D.O.I. 26/12/18
 Survey held at C D G E (Loyang)
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
Rear N/S.
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SH 8071A - CC3 / AXA 11022070 / H12edg CA: 26102011 INC 41
27/12/18	FBE 5169J - X Lum \$ 750 / 2 B's. (Red: 9819, 56%)
	RECEIVED 28 DEC 2018

Date/Time, File Pass to? : Prell. Report
 : Final Report
 Date/Time, File Return to? _____

Days Of Repair: 2
 Resurvey No. of Trip: 1

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Weekend (\$ _____)

Survey Fee: _____
 Transportation: _____
 \$ + RS. \$ _____
 Photos _____
 Others _____
160

Report Format: _____
 Lum. 0 / I.B.I. (\$ 750)

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.

Vehicle No. (For Motor)

Date of Accident

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5093882097-01		RENT & RIDE PTE. LTD.	201722218G	GFT	Third Party, Fire & Theft	FBES2693	FBES2693	09/01/2018	

Continue

Denise Tay (LKKAuto)

From: mtreg <mtreg@income.com.sg>
Sent: Friday, 28 December 2018 3:46 PM
To: Denise Tay (LKKAuto)
Subject: FW: REQUEST CLAIM NUMBER

Hi,

Claim created.

With Regards

Samsia
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: Denise Tay (LKKAuto) [mailto:denisetay@lkkauto.com]
Sent: Friday, December 28, 2018 10:57 AM
To: mtreg <mtreg@income.com.sg>
Subject: REQUEST CLAIM NUMBER

TP Claims against NTUC Income: Follow-Through Survey

Date : 28/12/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative
1	MT/1025523-001	COMFORT TRANSPORTATION	SH 8071A	FBE5269J	21/12/2018	22:30	\$ 1,731.90	\$

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: denisetay@lkkauto.com | fax: 6256-4315

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

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	23/12/2018 08:52
Date Of Accident	21/12/2018 22:30
Exact Location Of Accident	CHOA CHU KANG RD TWDS BT PANJANG.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8071A
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	TOYOTA
Model	PRIUS
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	NO
Policy Number	MCOM0015
Cover Note Number	

Driver

Name of Driver	LEE MING SENG
NRIC No	S0394072A
Date Of Birth	13/04/1944
Occupation	OUTDOOR
Date Of Driving Pass	27/04/2001
Driving Experience	17 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97774089
Fax Number	
Contact Number	
E-Mail Address	L_MINGSENG6868@YAHOO.COM

Address 453A 02-507 FERNSVALE ROAD
 Postcode 791453
 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 COLLIDED INTO MOTORCYCLIST
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles (including own vehicle) 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) 2
 Passenger 1 NAME: : -
 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 POLICE STATION NAME [OTHER] PASIR RIS NPC
 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 FBE5269J
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category MOTORCYCLE
 Name of Driver MUHAMMAD AZRI BIN AZHARI.
 NRIC/Passport Number T0022231Z
 Contact Number
 Address
 Postcode
 Insurance Company Name

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MUHAMMAD AZRI BIN AZHARI.

Approximate Age

Injuries Sustain NOT SURE

Injured person in which vehicle? FBE5269J

Were seat belts worn?

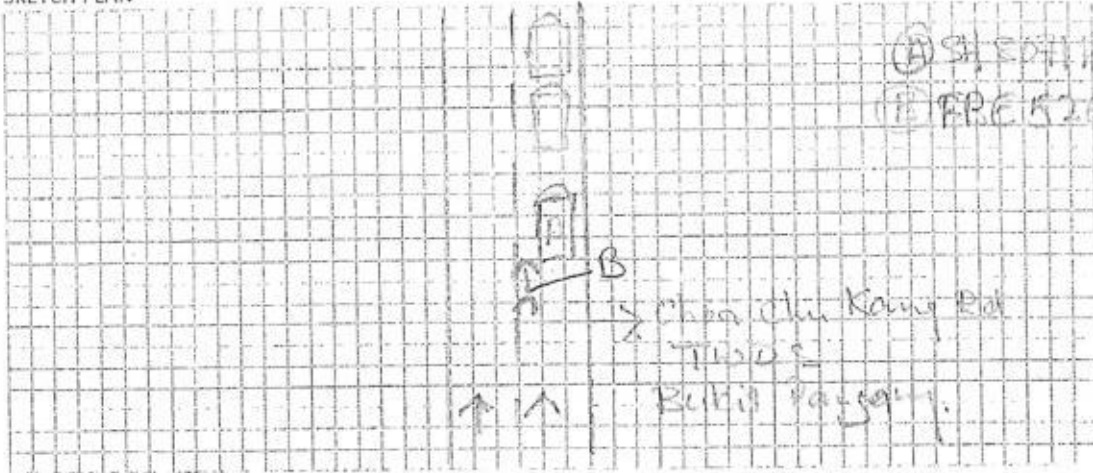
Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer : Police report attach. T/20181222/2019

DECLARATION

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

COMFORT TRANSPORTATION PTE LI
POLICY NO. 10000221R

Policyholder's Signature
Date & Time:

Jackson Heng
Driver's Signature
(If driver is not the policyholder)

27/12/18
Jackson Heng Jackson
CSO

Reporting Centre Personnel's Signature
Name:



SINGAPORE
POLICE FORCE



T/20181222/2019

1 of 4

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20181222/2019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/12/2018 10:17	Vide Report No.:	Station Diary No.: 45
--	------------------	--------------------------

Informant's Particulars			
Name of Informant: LEE MING SENG		Address: APT BLK 453A FERNVALE ROAD #02-507 SINGAPORE 791453	
ID Type / ID No.: NRIC NO / S0394072A		Contact No.: Home/Office: Mobile: 97774089	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 74	Date of Birth: 13/04/1944	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 21/12/2018 22:30	Type of Location: Straight Road
Location: Along Road 1 CHOA CHU KANG ROAD Along Choa Chu Kang Road towards Bukit Panjang Road After Teck Whye Lane				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE5269J	Motorcycle	YAMAHA	T135	Black	Slightly Damaged	0
SH8071A	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	Blue	Slightly Damaged	1

Sketch Plan Pg. 3



SINGAPORE
POLICE FORCE



T/20181222/2019

2 of 4

Report No: T/20181222/2019

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	Muhammad Azri Bin Azhari	ID No.	T0022231Z
Related Vehicle	FBE5269J (Motorcycle)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LEE MING SENG	ID No.	S0394072A
Related Vehicle	SH8071A (Car)	Contact No.	97774089
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 21/12/2018 at about 2230hrs, I was driving my taxi bearing plate number SH8071A along the outer lane of Choa Chu Kang Road towards Bukit Panjang Road; just after Teck Whye Lane. At that time, the traffic was moderate and it was not raining. In addition, I had a passenger in my vehicle.

As I was driving along the said road, I suddenly felt an impact from the rear of my taxi. I then thought that a car had collided with me. However, as I made a check on my vehicle's left side, I saw a male rider landed on the floor. I then parked my car aside and alighted to assist the rider. I then found out that the rider had collided into the extreme left of my vehicle's rear, causing him to flew off his motorbike (FBE5269J).

I observed that the rider had sustain multiple injuries. As such, I asked if he required an ambulance. However, he denied. Subsequently, I took down his particulars while he recorded my vehicle's plate number and both of us left afterwards.

I would like to inform that neither myself nor my passenger was injured in the collision. I had already informed my taxi's company of the event and was advised to lodge a traffic police report.



SINGAPORE
POLICE FORCE



T/20181222/2019

3 of 4

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20181222/2019

CONTINUATION OF REPORT



SINGAPORE
POLICE FORCE



T/20181222/2019

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20181222/2019

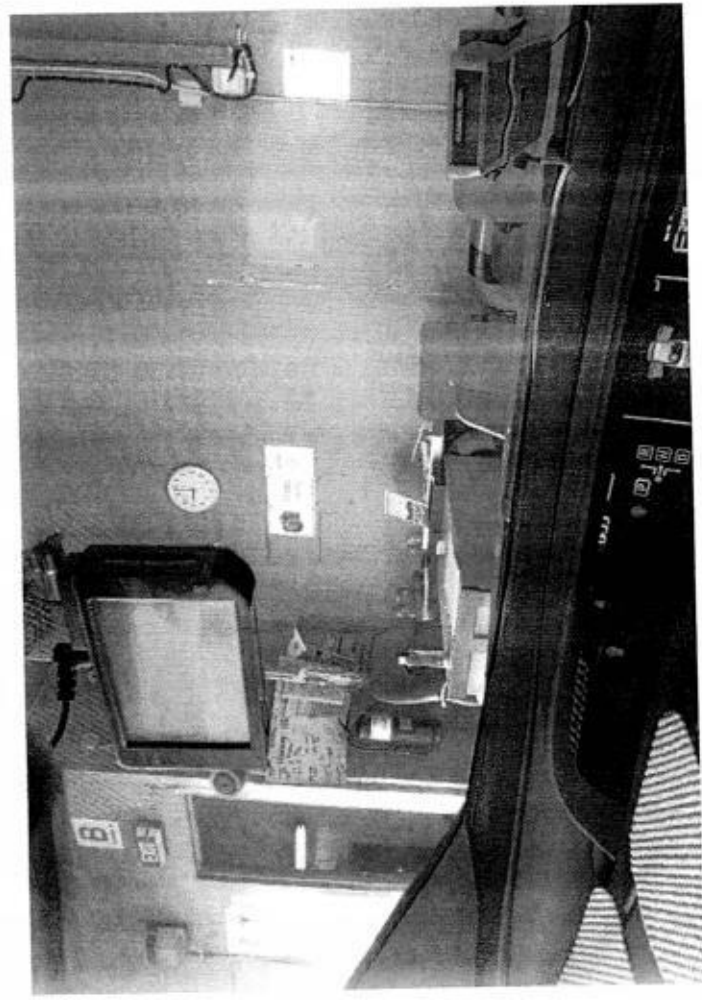
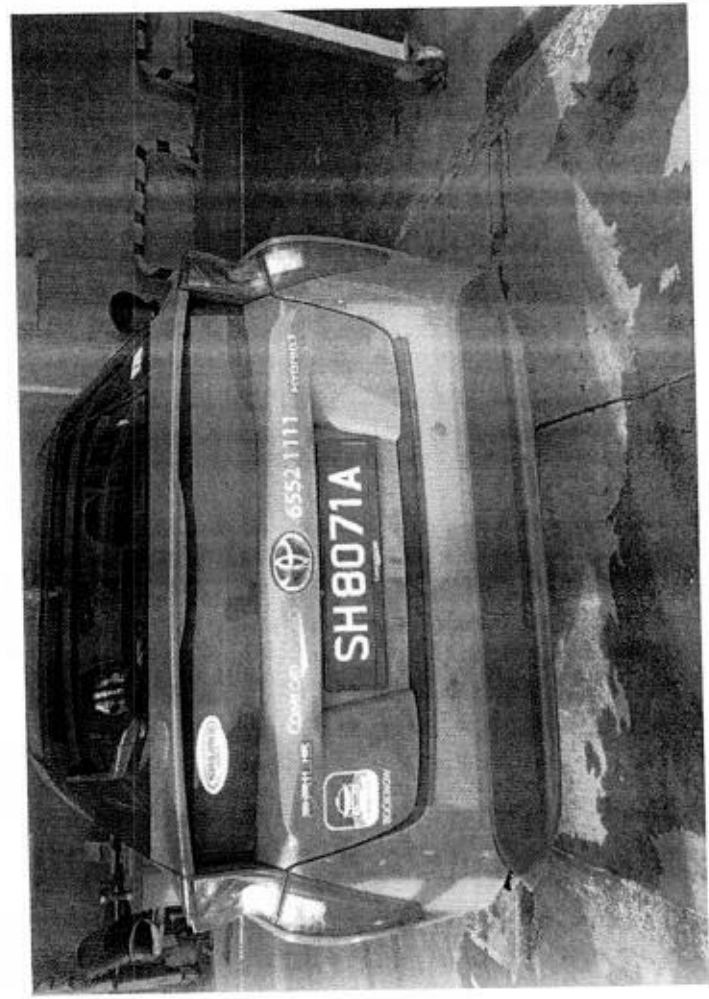
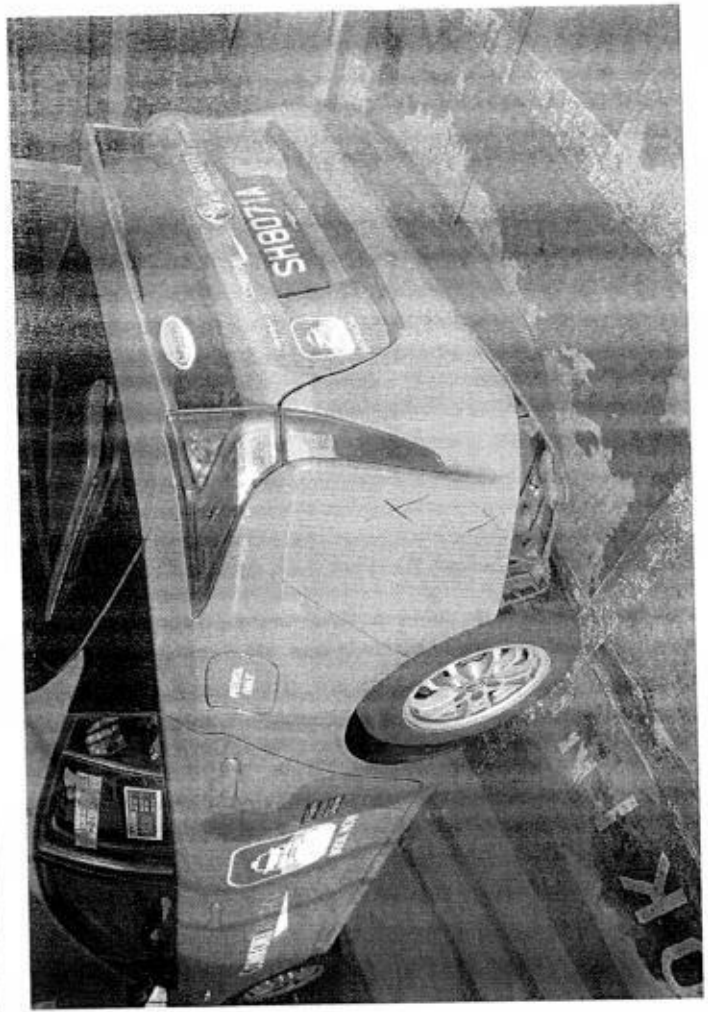
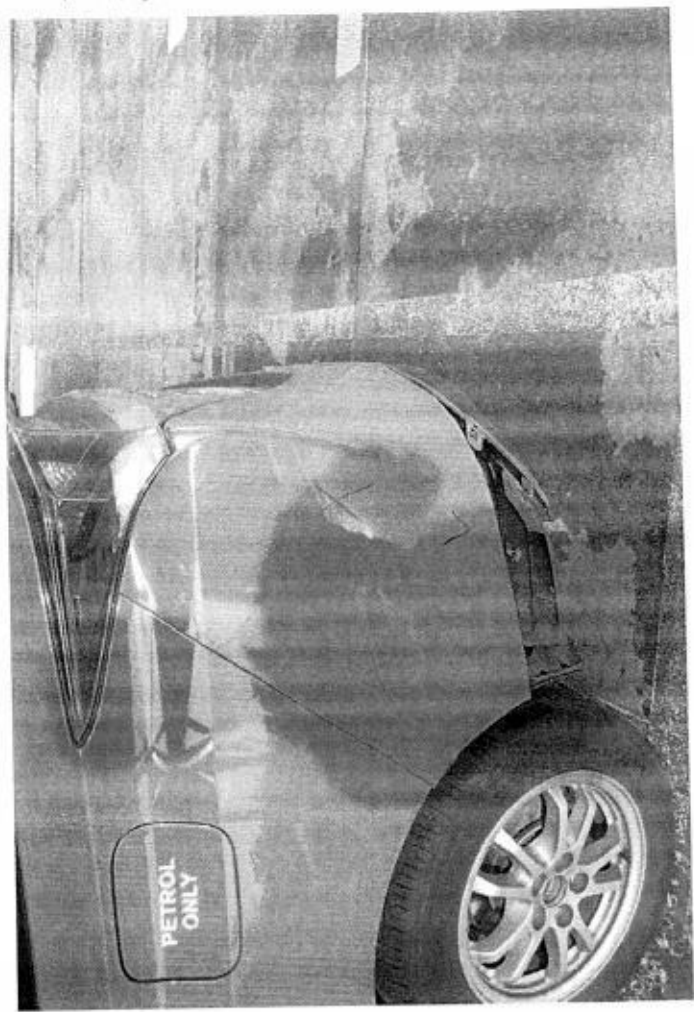
CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Sgt 2 TAN JUN HAO 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 22/12/2018 10:17
Officer In Charge Of Case: TP / GIA / Contact No.:	Classification Of Case: 
Authentication Stamp NP1RR	





COMFORTDELGRO ENGINEERING PTE LTD

NTUC

REPAIR ESTIMATE

12/26/2018 14:41

VEHICLE NO : SH 8071A

MAKE :

MODEL : TOYOTA PRIUS

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
REAR BUMPER <i>X repr</i>			\$ 458.60
REAR BUMPER UNDER COVER <i>cut</i>			\$ 552.60
REAR BUMPER CLIPS <i>we</i>			\$ 22.00
SEAL, REAR BUMPER SIDE, LH <i>missing</i>			\$ 148.40
SUB TOTAL			\$ 1,181.60
LESS 25%			\$ 295.40
DISCOUNTED TOTAL			\$ 886.20
REAR BUMPER REVERSE SENSOR <i>X su</i>			\$ 135.70
			\$ 135.70
LABOUR CHARGE			
Panel Beating			\$ 350.00 ²⁰⁰
Spray Painting Charge			\$ 250.00 ²⁰⁰
Wiring Charge			\$ 30.00 <i>X 11</i>
Remove/Refix Reverse Sensor			\$ 80.00 <i>X 11</i>
TOTAL LABOUR			\$ 710.00
ESTIMATE TOTAL			\$ 1,731.90

NETT

Ka Lee (Uly)
26/12/18 1530h
2 Pgs
4/s
After Repair p the

LKK Auto Consultants hence notify the Receiver of the following:

- This survey is being performed in accordance with the relevant standards of the Surveyor.
- The survey is based on a visual inspection of the vehicle and its components.
- The survey is not intended to detect hidden damage or defects.
- The survey is not intended to determine the cause of any damage or defects.

Acknowledged by Receiver
 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.

A fine

A member of COMFORTDELGRO

Date/Time: 26.12.2018 11:19 Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305253979

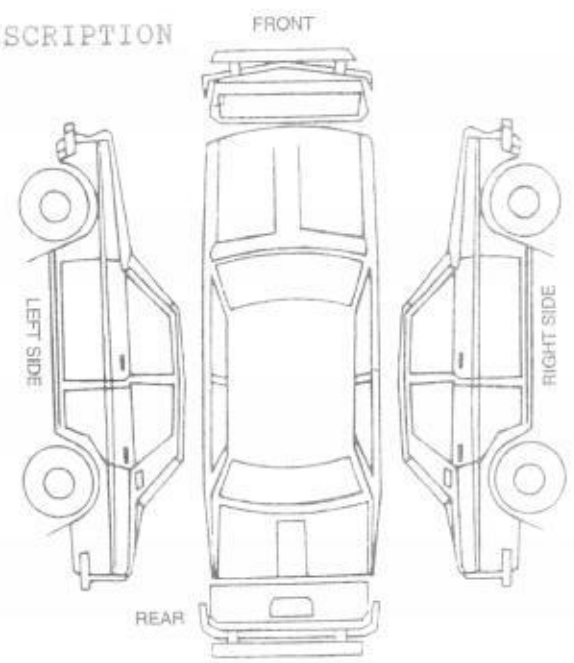
CUSTOMER COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (O) (P) ACCOUNT CARD NO.	REGN NO.: SH 8071A	MILEAGE
	MAKE: TOYOTA	FUEL E.....1/2.....F
	MODEL: PRIUS HYBRID(G4)	DATE/TIME IN: 26.12.2018 09:45
	YR OF MANUF: 09.12.2016	TARGET DATE
	CHASSIS CODE: OTEK3FU503538285	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 21.12.2018
 NATURE: 3P 21.12.18 -C

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SH 8071A CHIANG

Vehicle No.: SH 8071A

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305253979
Date : 27/12/18

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SH 8071A

Fax : _____
21/12/2018

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

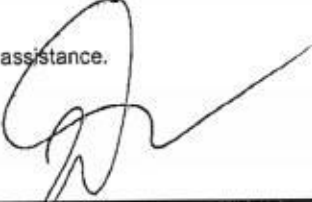
1. The repair job shall bill to: NTUC FBE5269J
2. The finalized amount shall be:
 - (a) Spare Parts after List discount _____
 - (b) Labour Charges _____
 - Total for Part-By-Part Repair Cost** _____
 - (c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: _____
Final Lumpsum Repair cost \$750.00


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 : CHIANG
Tel : 62148314
Fax : 65468156

Signature : 
Name : Kalvin
Date : 27/12/18

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/INC18023128/K1tbn2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556	Date: 02-01-2019
	Code: INC4



1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FBE 5269J	Veh. Inspected	SH 8071A
Policy No.	5093882097-01	Coverage (\$)	0.00
Claim No.	MT/1025523-001	Excess (\$)	0.00
Assign From		Assign Date	26/12/2018

2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	JTDKB3FU503538285	Colour	BLUE
Odometer	300578	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65 R15	WEST LAKE	7 mm
L/H Front Tyre	195/65 R15	WEST LAKE	7 mm
R/H Rear Tyre	195/65 R15	WEST LAKE	7 mm
L/H Rear Tyre	195/65 R15	WEST LAKE	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	21/12/2018	Inspection Date	26/12/2018
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. SH 8071A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	TO REPAIR SEE LABOUR	458.60	-
1	REAR BUMPER UNDER COVER	CUT	552.60	552.60
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	SEAL, REAR BUMPER SIDE, LH	MISSING	148.40	148.40
	LESS 25% DISCOUNT		-295.40	-180.75
			886.20	542.25
SPECIAL NETT ITEMS				
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
			135.70	-
LABOUR				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR BUMPER.		350.00	200.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	80.00	-
			710.00	400.00
GRAND TOTAL			1,731.90	942.25
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				750.00

Report Ref No. NS/INC18023128/K1tbn2

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.