

ASS. REC. BY:

REF

CS3/FCI18023156/71cd3⁵⁷

Special Instruction:

Surveyor

CWS

Tanjah

ASSIGNMENT (Office)

From (Person)

Karen Tan

of

FCI

Date/Time 8:49am @ 27/12/18

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

Sjx 2787E

Insured:

SHA 21861

at Workshop m/s

SAT Motor

Tel:

9859 9677

of

24 Defu Lane 12

Policy No:

Claim No:

D19000019MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 21/12/2018

CA / REV / REP. / REV 24 HRS

hup

28/12/18 @ after / pm.

H.O.D. Endorsement:

Date/Time: 27/12/18 @ 9:17am

Person Contacted:

Jusie

Vehicle IN OUT

| Date/Time | Action/Instruction (X) Estimate |
|-----------|---|
| | Sjx 2787E - CS3/CTI18023069/KIha3 JVA: 21/12/2018 |
| | SHA 21861 - CS3/CTI18023069/KIha3 JVA: 21/12/2018 |
| | Dismantle: 21/12/19 |
| | |
| | |
| | |

Surveyor

Taylor

REF: FCI

ASSIGNMENT

From:

Date: 28/12/2018

Estimated Cost:

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

To Inspect Vehicle No:

SJX 2787E
SAT Motor
24 Defu Lane 12

at Workshop m/s

of

Insured

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh.

After 1pm
Jesie @ 9859 9677

(Policy Condition)

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



Bal. or Market Value:

\$28K. *[Signature]*
3/1/2019

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

(up) - PRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SJX 2787E

Yr Regn

2010 May

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

Truck / Trailer or

Make:

BMW 318

C.C

1995

Colour

Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

12/428

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WRAP F720X014 793642

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

205/55R16

R:

205/55R16

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

TOYO / YOKO or

Altimex

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

27/12/18 245pm

Survey held at

SAT Motor

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

Frd 2/5, 4/c

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip: 1

Survey Fee:

Transportation

) \$ + RS \$

) Photos

) Others

) TOTAL

TOTAL

Report Format:

PRS

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

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

MOTOR SURVEY ASSIGNMENT

| | | |
|--------------------|------------------------------|-------------------------------|
| Date | 26-12-2018 | Our Ref No. D19000019MFSH |
| Accident Date | 21-12-2018 | Claim Type. Third Party |
| Insured Vehicle | SHA2186J | Third Party Vehicle. SJX2787E |
| Survey Location | 24 DEFU LANE 12 | |
| Contact Person. | JESSIE ONG | |
| Contact No. | 98599677/ 98599677 | Fax No. 67491141 |
| Survey Type | WITHOUT PREJUDICE: | |
| Appointed Surveyor | LKK AUTO CONSULTANTS PTE LTD | |
| Contact Person | NA | Fax No. 68416315 |
| Contact Number. | 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

| | | |
|-------------------|----------------------|-------------------------|
| Cc : Workshop | SAT MOTORS | Attention. NIL |
| Cc : TP Solicitor | K KRISHNA & PARTNERS | TP Solicitor Fax No. NA |
| Officer Incharge | KARENT | |

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.

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 | 24/12/2018 16:12 |
| Date Of Accident | 21/12/2018 14:40 |
| Exact Location Of Accident | SENGKANG EAST ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SJX2787E |
| Insured/Policyholder | |
| Name Of Registered Owner | EDWIN TAN HOCK ENG |
| NRIC No | S8375634I |
| Email Address | EDWIN.TANHE@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-97975712 |
| Alternative Phone No | OTHERS-97975712 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | BMW |
| Model | 318I-2.0 L (A) |
| Exact Purpose for which vehicle was being used at time of accident | PTE |
| 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 | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|---|
| Name of Insurance Company | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | DMPCSN3097371700 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | EDWIN TAN HOCK ENG |
| NRIC No | S8375634I |
| Date Of Birth | 27/08/1983 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 20/07/2009 |
| Driving Experience | 9 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97975712 |
| Fax Number | |
| Contact Number | OTHERS-97975712 |
| EMail Address | EDWIN.TANHE@GMAIL.COM |

| | |
|---|--------------------------------|
| Address | BLK 10 EUNOS CRESCENT #13-2713 |
| Postcode | 400010 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OWNER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|-------------------------------|
| Type Of Accident | COLLISION - CHANGE/CROSS LANE |
| 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: : LEONG KAR WAI |
| | GENDER: : MALE |

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

I WAS DRIVING AROUND SENGKANG EAST ROAD TOWARD TPE. WHILE I WAS DRIVING SUDDENLY STRAIGHT SUDDENLY A VEHICLE FROM THE LEFT HIT INTO MY LEFT SIDE I BELIEVE HE DID NOT CHECK HIS BLIND SPOT WHILE CHANGING LANE.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--------------|
| Vehicle Registration Number | SHA2186J |
| Vehicle Make/Model/Colour | HYUNDAI BLUE |
| 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 LEONG KAR WAI

Approximate Age

Injuries Sustain

Injured person in which vehicle? SJX2787E

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name EDWIN TAN HOCJ ENG

Approximate Age

Injuries Sustain

Injured person in which vehicle? SJX2787E

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident 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: 24/12/18 1530hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

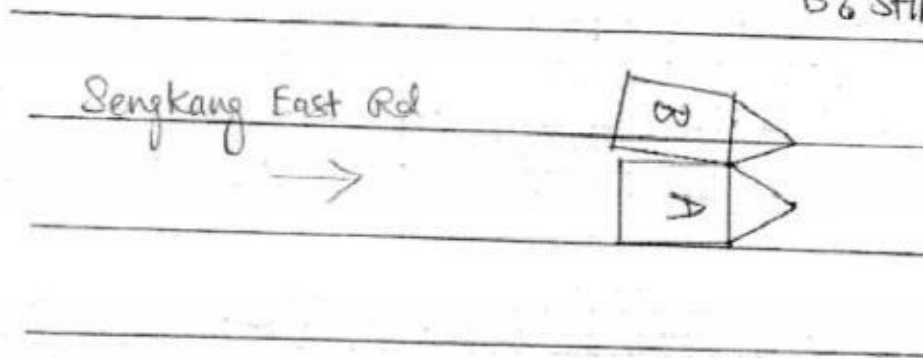
Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

A: SIX2787E
B: SHA2186J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT.

DECLARATION

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

Policyholder's Signature

Date & Time: 24/12/18 1530 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20181224/7011

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20181224/7011

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made: 24/12/2018 14:54 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: EDWIN TAN HOCK ENG | | | Address: APT BLK 10 EUNOS CRESCENT #13-2713 SINGAPORE 400010 | | |
| ID Type / ID No.: NRIC NO / S8375634I | | | Contact No.: Home/Office: | | Mobile: 97975712 |
| Nationality: MALAYSIAN | | | Email: Edwin.tanhe@gmail.com | | |
| Sex: Male | Age: 35 | Date of Birth: 27/08/1983 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: Insurance Agent | | | Driving Licence Information: Class: 3 | | Date of Expiry: |

General Information of the Accident

| | | | | |
|---|------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 21/12/2018 14:40 | Type of Location: Straight Road |
| Location: SENGKANG EAST ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: 50 Km/h | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: Moderate | |
| Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|---------|---------------------------------------|-------|------------------|-----------------|
| SHA2186J | Car | HYUNDAI | I40 | Blue | Slightly Damaged | 2 |
| SJX2787E | Car | BMW | 318i 2.0L A/T ABS D/AIRBAG 2WD 4DR SR | Grey | Slightly Damaged | 2 |

Police Report



**SINGAPORE
POLICE FORCE**



T/20181224/7011

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. 1/20181224/7011

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|---|-------------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SJX2787E | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. | DMPCSN30973718 01 | 22/12/2018 | 21/12/2019 |

| Details of Person Involved | | | | |
|-----------------------------------|--------------------|--|--|-----------------------------------|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | |
| Passenger | | | | |
| Name | LEONG KAR WAI | | ID No. | S8139928Z |
| Related Vehicle | SJX2787E (Car) | | Contact No. | 98890241 |
| Hospital/Clinic | EC FAMILY CLINIC | | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 22/12/2018 | | Date Discharge | 22/12/2018 |
| No. of Days granted Medical Leave | 03 | | Degree of Injury | Slight |
| Driver | | | | |
| Name | EDWIN TAN HOCK ENG | | ID No. | S83756341 |
| Related Vehicle | SJX2787E (Car) | | Contact No. | 97975712 |
| Hospital/Clinic | EC FAMILY CLINIC | | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 22/12/2018 | | Date Discharge | 22/12/2018 |
| No. of Days granted Medical Leave | 03 | | Degree of Injury | Slight |

Brief Details.

I WAS DRIVING AROUND SENGKANG EAST ROAD TOWARD TPE. WHILE I WAS DRIVING SUDDENLY STRAIGHT SUDDENLY A VEHICLE FROM THE LEFT HIT INTO MY LEFT SIDE I BELIEVE HE DID NOT CHECK HIS BLIND SPOT WHILE CHANGING LANE.

Police Report



**SINGAPORE
POLICE FORCE**



T/20181224/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3
Report No. T/20181224/7011

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
ONG YONG HOCK
Contact No.: 65476436

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
24/12/2018 14:54

Classification Of Case:

> Back to OneMotoring

D.O.A. 21/12/2018
Bal: 1yr 5.3 mths.

Enquire PARF/COE Rebate for Registered Vehicle

| | |
|-------------------------------------|---------------------------------------|
| Vehicle Owner Particulars | |
| Owner ID Type: | Singapore NRIC |
| Owner ID: | 5634I |
| Vehicle Details | |
| Vehicle No.: | SJX2787E |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 31 Dec 2018 |
| Vehicle Make: | B.M.W. |
| Vehicle Model: | 318I 2.0L A/T ABS D/AIRBAG 2WD 4DR SR |
| Primary Colour: | Grey |
| Manufacturing Year: | 2010 |
| Engine No.: | A220I645N46B20BZ |
| Chassis No.: | WBAPF720X0A793642 |
| Maximum Power Output: | 100.0 kW (134 bhp) |
| Open Market Value: | \$27,236.00 |
| Original Registration Date: | 31 May 2010 |
| First Registration Date: | 31 May 2010 |
| Transfer Count: | 1 |
| Actual ARF Paid: | \$27,236.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 30 May 2020 |
| PARF Rebate Amount: | \$14,979.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 30 May 2020 |
| COE Category: | E - Open Category |
| COE Period(Years): | 10 |
| QP Paid: | \$42,001.00 |
| COE Rebate Amount: | \$5,102.00 |
| Total Rebate Amount: | \$20,081.00 |

13,618

The information contained herein is correct as at 31 Dec 2018

OK

**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

PRE-REPAIR INSPECTION REPORT

MS FIRST CAPITAL INSURANCE LTD
36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Ref: CS3/FCI18023156/T1cd3s2

Date: 09-01-2019



Code: FCI2

1. Policy Particulars :- (THIRD PARTY CLAIM)

| | | | |
|--------------|---------------|----------------|------------|
| Insured Veh. | SHA 2186J | Veh. Inspected | SJX 2787E |
| Policy No. | | Coverage (\$) | 0.00 |
| Claim No. | D19000019MFSH | Excess (\$) | 0.00 |
| Assign From | KAREN TAN | Assign Date | 27/12/2018 |

2. Vehicle Particulars & Condition

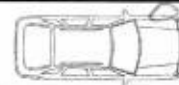
| | | | |
|--------------|-------------------|--------------|------------|
| Make & Model | B.M.W. 318 | c.c | 1995 |
| Engine No. | HIDDEN | Year of Reg. | 2010 |
| Chassis No. | WBAPF720X0A793642 | Colour | SILVER |
| Odometer | 121428 KM | Steering | IN ORDER |
| Brakes | IN ORDER | Modification | SPORTS RIM |
| General | GOOD | | |

3. Conditions of Tyres

| | Size | Make | Balance |
|----------------|-----------|---------|---------|
| R/H Front Tyre | 205/55R16 | ALTIMEX | 6 mm |
| L/H Front Tyre | 205/55R16 | ALTIMEX | 6 mm |
| R/H Rear Tyre | 205/55R16 | ALTIMEX | 6 mm |
| L/H Rear Tyre | 205/55R16 | ALTIMEX | 6 mm |

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION AND UNDERCARRIAGE

**5. General Information**

| | | | |
|----------------|---|---------------------|-------------------------|
| Accident Date | 21/12/2018 | Inspect Date / Time | 27/12/2018 (03:45 PM) |
| Survey held at | SAT MOTORS 24 DEFU LANE 12 SINGAPORE 539131 | | |

5a. Remarks

A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.
B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION.
THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE.
C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.
D) MARKET VALUE: \$28,000.00

Report Ref No. CS3/FCI18023156/T1cd3s2

Inspected By

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

K.K.LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE, MInstAEE, 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.