

Surveyor Hwee Jie

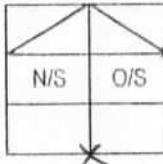
ASSIGNMENT

From: _____ Date: 09/01/2019
 Estimated Cost: _____
 OD TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No. SHF 436A
 at Workshop m/s SMP & Woodlands Depot
 of _____
 Insured _____
 Policy No. _____
 Claims No. MT/027316-02
 Sum Insured. _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No. SHF 436A Yr Regn: 20/12/2013
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toyota Prius C/C 1799
 Colour maroon A/C Insured / Std / NI / NA
 Sp. Reading 546223 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTDKN364905719188
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 195/65R15
 R: _____

(Policy Condition)

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



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

Front		Rear	
R/Bal. <u>6</u> mm		R/Bal. <u>6</u> mm	
L/Bal. <u>6</u> mm		L/Bal. <u>6</u> mm	
D.O.A. <u>8/1/19</u>		D.O.I. <u>9/1/19</u>	

Survey held at Sund

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

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 4 days Res: Yes or No
 Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS Up
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

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

Date / Time	Action / Instruction
	SHF 436A - C03/AIG16009858/Klyg3q2 D.O.A. 26/5/16 01/19/2037
	SLR 2702H-X SLR 2702H
	US \$1150, 4 days. Cred \$ 2967.42, 75%

RECEIVED 30 MAY 2019

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) 31/5/19
 Date/Time, File Return to? _____

Days Of Repair: 4
 Resurvey No. of Trip: 1

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

Survey Fee: _____
 Transportation: _____
) S + RS. SI
) Photos
) Others

Report Format : _____
 Lump Sum / B.I. (\$ US 1150)

TOTAL

160
TOTAL
160

TP Claims against NTUC Income: Follow-Through Survey

Date : 30/5/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1027316-002	SMRT TAXIS PTE LTD	SHF 436A	SLR 2702H	8/1/2019	18:15	\$ 4,117.42

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	09/01/2019 09:08
Date Of Accident	08/01/2019 18:15
Exact Location Of Accident	PIE TOWARDS JURONG NEAR EXIT 30
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHF436A
Insured/Policyholder	
Name Of Registered Owner	SMRT TAXIS PTE LTD
Co Reg No	198905369K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-80000000

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS TAXI-1.8 (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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18090213MFSH
Cover Note Number	

Driver

Name of Driver	LEE SENG TIN
NRIC No	S0133696G
Date Of Birth	18/01/1951
Occupation	OUTDOOR
Date Of Driving Pass	12/04/1978
Driving Experience	40 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	551
Postcode	
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	COLLISION - HEAD TO REAR
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?	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)	1

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 TRAVELLING ALONG PIE AT THE RIGHT MOST LANE WHEN THE FRONT VEHICLE SLOWED DOWN, I FOLLOW SUIT. OUT OF A SUDDEN, I FELT AN IMPACT FROM BEHIND, THE VEHICLE SLR2702H FROM BEHIND HAD COLLIDED ONTO THE REAR PORTION OF MY TAXI.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLR2702H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KHAIRUL NIZAR BIN ROSLAN
NRIC/Passport Number	S9300713A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.:

Handwritten signature
9/1/2019

Case Details

Case Reference Number :
TAX/01/19/2037

Type of Repair : Accident Repair

Vehicle Registration Number :
SHF436A

Company Type : SMRT Taxis Pte Ltd

Estimation ID : EST-5276-ID

Assigned By : Taxi Claims Manager Team

Insurance Company Name : NTUC Income Insurance Co-operative Ltd

Accident Date and Time : 08/01/2019 10:15 AM

Vehicle Age(In Months) : 61

Documents / Photographs

[View Documents / Photographs](#)

Total Documents: 1

Estimation Details

Spare Part's Cost Detail

BOM Type	Costing Type	Portion	Material Number	SMRT Recommendation						Surveyor Approval				
				Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	
One Time Key In	Main			BUMPER REAR	1	458.60	458.60	25.00	343.95	Replace	1	343.95	Replace	DEF
One Time Key In	Main			BUMPER CLIPS	10	1.61	16.10	25.00	12.08	Replace	10	12.08	Replace	NEC
One Time Key In	Main			BUMPER REINFORCEMENT REAR	1	205.70	205.70	25.00	154.27	Replace	0	0	Check	
One Time Key In	Main			ARM SUB-ASSY, RR BUMPER LH	1	139.60	139.60	25.00	104.70	Replace	0	0	Not Give	
One Time Key In	Main			ARM SUB-ASSY, RR BUMPER RH	1	139.60	139.60	25.00	104.70	Replace	0	0	Not Give	
One Time Key In	Main			ANTENNA, ELECTRICAL LOWER REAR	1	157.40	157.40	10.00	141.66	Replace	0	0	Not Give	
One Time Key In	Main			SENSOR REVERSE	1	180.00	180.00	0.00	180.00	Replace	1	180.00	Replace	Swards

Total Spare Part Cost 2,492.42

Surveyor Total 827.71

Lump Sum Discount (%) 20.00

Lump Sum Dis (%) 20

Final Spare Part Cost 1,993.94

Final Sur Total 662.17

BOM Type	Costing Type	Portion	Material Number	SMRT Recommendation							Surveyor Approval			
				Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	
One Time Key In	Main			PIXEL STICKER	2	60.00	120.00	0.00	120.00	Replace	2	120.00	Replace	NEC
One Time Key In	Main			BUMPER LIP COVER RR/LH	1	72.20	72.20	25.00	54.15	Replace	0	0	Not Give	
One Time Key In	Main			BUMPER LIP COVER RR/RH	1	118.10	118.10	25.00	88.57	Replace	0	0	Not Give	
One Time Key In	Main			BUMPER LIP REAR	1	228.90	228.90	25.00	171.68	Replace	1	171.68	Replace	DEF
One Time Key In	Main			BUMPER SIDE RETAINER RR/LH	1	94.80	94.80	25.00	71.10	Replace	0	0	Not Give	
One Time Key In	Main			BUMPER SIDE RETAINER RR/RH	1	94.80	94.80	25.00	71.10	Replace	0	0	Not Give	
One Time Key In	Main			UNDER COVER SUBASSY, RR FLOOR	1	514.50	514.50	25.00	385.88	Replace	0	0	Not Give	
One Time Key In	Main			END PANEL	1	602.10	602.10	25.00	451.58	Replace	0	0	Check	
One Time Key In	Main			SEALANT SIKAFLEX	1	37.00	37.00	0.00	37.00	Replace	0	0	Not Give	
Total Spare Part Cost									2,492.42			Surveyor Total	827.71	
Lump Sum Discount (%)									20.00			Lump Sum Dis (%)	20	
Final Spare Part Cost									1,993.94			Final Sur Total	662.17	

Labour's Cost Detail

S.No.	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	TO REPAIR REAR PORTION	507.00	200	
Total:		507.00	200.00	

Spray Cost Detail

S.No.	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
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S.No.	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	TO REPSRAY REAR BUMPER	378.00	200	
2	TO RESPRAY BUMPER BEAM	180.00	0	
3	TO RESPRAY REAR PANEL	180.00	0	
Total:		738.00	200.00	

Other Cost Detail

S.No.	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	20	
2	TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	20	
3	TO REMOVE AND INSTALL LUGGAGE COMPARTMENT TRIM TO FACILITATE REPAIR.	120.00	0	
4	TO REPLACE SUNDRY PARTS	60.00	0	
Total:		380.00	40.00	

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	1,993.94	662.17
Total Labour Cost	507.00	200.00
Total Spray Painting	738.00	200.00
Other	380.00	40.00
Overall Total	3,618.94	1,102.17
Lump Sum Repair Option	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Lump Sum Total	3,600.00	1,100.00
Surveyor Approved Amount		1,100.00
No of Repair Days*	5	3
Remarks	-	L/S repair. photo after paint.

11/9/2019

Estimator Assesment(\$)

Surveyor Assesment(\$)

Surveyor Name

Hwee jie

Signature

Save Clear

Survey Date

09/01/2019

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

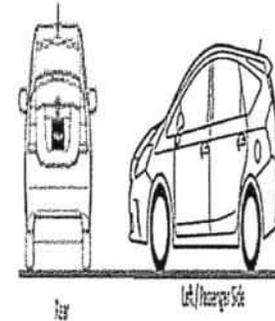
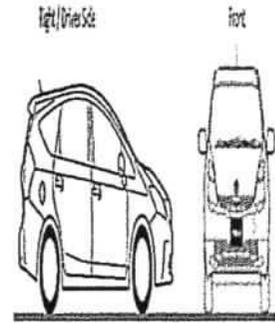
Acknowledged by Repairer

Signature:

Date:

Shiau Chan

Section A - Accident Details	
Registration Number	SHF436A
Case Reference Number	TAX/01/19/2037
Registration Date	20/12/2013
Company Type	SMRT Taxis Pte Ltd
Make	TOYOTA
Model	PRIUS
Name of Driver	LEE SENG TIN
Type of Accident	Head to Rear
Accident Date and Time	8/1/2019 6:15 PM
Accident Reported Date and Time	9/1/2019 9:08 AM
Is Surveyor Required?	Yes
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	24099600
Special Instruction to ARC, if any	TP
Prepared Date and Time	9/1/2019 10:59 AM
Chassis Number	
Mileage	
Work Shop	
Repair Completion Date and Time	



Top View

L/S \$1150/- 4 days.

Section B - Summary of Repair Estimates		
Summary of Repair Estimates		
	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Cost	\$845.00	\$300.00
Total Spray Cost	\$918.00	\$300.00
Total Spare Part Cost	\$1,993.94	\$827.71
Total Other Cost	\$380.00	(\$277.71)
TOTAL COST	\$4,136.94	\$1,150.00 (L/S)
Lump Sum Total	\$4,150.00	\$0.00
Number of Repair Days	5.0	4.0
Prepared / Adjusted By	Tuck Foo Kok	Hwee Jie (LKK) / NTUC
ARC / Surveyor Sign Off Date	10/01/2019 9:33 AM	09/01/2019 4:37 PM
Signature	<i>[Signature]</i>	<i>[Signature]</i>
Remarks	L/S repair. photo after paint.	

	58308-470	UNDER COVER SUBASSY, RR FLOOR	0.00	\$514.50	0.00	\$0.00	Replace	Not Given	X	hy
	58307-47060	END PANEL	0.00	\$602.10	0.00	\$0.00	Replace	Check	X	hy
		SEALANT SIKAFLEX	0.00	\$37.00	0.00	\$0.00	Replace	Not Given	X	hy
Total				\$3,104.91		\$827.71				

Added Spare Parts / Material Usage After Surveyor Signed off									
Part Number	Portion	Stock Number	Part Name	Quantity	List Price \$	Discount (%)	Final Price (\$)	ARC Check	Surveyor Check
Total									

6322.40

$$\begin{array}{r}
 827.71 \\
 + 300.00 \\
 + 340.00 \\
 \hline
 1467.71 \\
 - 202 \\
 \hline
 1174.17 \\
 \\
 4/5 \$1150/-
 \end{array}$$



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/INC19000590/Jqd3e2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 06-06-2019	
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SLR 2702H	Veh. Inspected	SHF 436A
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1027316-002	Excess (\$)	0.00
Assign From		Assign Date	09/01/2019
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	JTDKN36U905719188	Colour	MAROON
Odometer	546223	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	195/65 R15	FALKEN	6 mm
L/H Front Tyre	195/65 R15	FALKEN	6 mm
R/H Rear Tyre	195/65 R15	FALKEN	6 mm
L/H Rear Tyre	195/65 R15	FALKEN	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	08/01/2019	Inspection Date	09/01/2019
Survey held at	SMRT AUTOMOTIVE SERVICES PTE LTD 60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705		
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:		4 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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHF 436A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BUMPER REAR (DISC 25%)	DEFORMED	458.60	343.95
10	BUMPER CLIPS @\$1.61 (DISC 25%)	NECESSARY	16.10	12.08
1	BUMPER LIP REAR (DISC 25%)	DEFORMED	228.90	171.68
1	SENSOR REVERSE (SN)	SHORTED	180.00	180.00
2	PIXEL STICKER @\$60.00 (SN)	NECESSARY	120.00	120.00
1	BUMPER REINFORCEMENT REAR	NOT NECESSARY	205.70	-
1	ARM SUB-ASSY, RR BUMPER LH	NOT NECESSARY	139.60	-
1	ARM SUB-ASSY, RR BUMPER RH	NOT NECESSARY	139.60	-
1	ANTENNA, ELECTRICAL LOWER REAR	NOT NECESSARY	157.40	-
1	BUMPER LIP COVER RR/LH	NOT NECESSARY	72.20	-
1	BUMPER LIP COVER RR/RH	NOT NECESSARY	118.10	-
1	BUMPER SIDE RETAINER RR/LH	NOT NECESSARY	94.80	-
1	BUMPER SIDE RETAINER RR/RH	NOT NECESSARY	94.80	-
1	UNDER COVER SUBASSY, RR FLOOR	NOT NECESSARY	514.50	-
1	END PANEL	NOT NECESSARY	602.10	-
1	SEALANT SIKAFLEX	NOT NECESSARY	37.00	-
			3,179.40	827.71
LABOUR				
	PANEL BEATING & BODY WORK.		845.00	300.00
	SPRAY PAINT.		918.00	300.00
	TO CHECK WIRING AND SYSTEM FUNCTION.		80.00	20.00
	TO TEST AND REFIX REVERSE SENSOR SYSTEM.		120.00	20.00
	TO REMOVE AND INSTALL LUGGAGE COMPARTMENT TRIM TO FACILITATE REPAIR.	NOT NECESSARY	120.00	-
	TO REPLACE SUNDRY PARTS.	NOT NECESSARY	60.00	-
			2,143.00	640.00
GRAND TOTAL			5,322.40	1,467.71
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,150.00

Report Ref No. NS/INC19000590/Jqd3e2

Report Ref No. NS/INC19000590/Jqd3e2

ONG HWEE JIE

Automotive Assessor

A handwritten signature in black ink, appearing to be 'K.K. LAU'.

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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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.