Spring Huse Tie	REF: NTUC NS	s/THC19001821/JVU302	
1	<u> 25518</u>	GNMENT	
From: Estimated Cost: OD (TP) WS / TP RES / OD RES / EV	Date:	Veh No. SG 5428 E Type: M.Car / M.Cycle / (2003 / Van / Lorr Truck / Trailer or	Yr Regn: 2 Feb; 2017 y / Taxi / Prime Mover /
To Inspect Vehicle No: at Workshop m/s of Insured: Style 8745 X Policy No. 5047 019284 Claims No. MT 1005 8 Sum Insured: (Client's Record) Make of Veh: (Policy Condition) Remark: The veh had commenced it repair at the time of inspect	31.12.17 - 230119 93-002 Excess:	Make: Volvo B9TL Colour Green Sp.Reading 165340 Eng/No: C/No: YV3S4P926 Gen. Cond: Good/Fair/Poor/Burnt Steering: Inorder/Jammed/Leaked/E Brake: Inorder/Jammed/Leaked/E Modi: Nil/S/Rim/STDA/Rim or Tyre Size: F: 275/70R: R: BS/DUN/EXNOVA/GY/FS/LIZA/R TOYO/YOKO or Firenze	Burnt or Burnt or 22.5 MIC/OHTSU/PIR/SUMI/
	X	Front R/Bal. 7 mm L/Bal. 7 mm D.O.A. 3 12 18 Survey held at Su Des. of Damages : Frt / Rear / O/S / The U/C / Chassis frame / Body	
11/3/19 Final fig	\$ 5.3] Confirmed RECEIVE	by email (Red 435,	440 1 003 3
		Days Of Repair: Resurvey No. of Trip: Site Insp (\$ Interview (\$ Tech. Invs (\$ Weekend (\$)	Survey Fee: /60 Transportation:)S + RS,SI) Photos) Others
			TOTAL 160

Veron Chen (LKKAuto)

From:

Sent:

To: Subject: MTCL@income.com.sg

Monday, 11 March 2019 1:20 PM

Veron Chen (LKKAuto)

FW: REQUEST FOR CLAIM NUMBER

Hi,

All claims 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.

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From: Veron Chen (LKKAuto) [mailto:veronchen@lkkauto.com]

Sent: Monday, 11 March 2019 9:42 AM
To: mtreg <mtreg@income.com.sg>
Subject: REQUEST FOR CLAIM NUMBER

Dear Sir/Madam,

Kindly provides us the claim number

			Claimant Vehicle	
S/NO	Income Reference	Claimant (Owner / Taxi Company)	No.	Income Vehicle N
1	MT/1034052-002	COMFORT TRANSPORTATION PTE LTD	SHD 6529L	WC 2878H
2	MT/1025893-002	SMRT BUSES LTD	SG 5428E	SGJ 8745X
3	MT/1029500-002	SMRT BUSES LTD	SMB 1579B	GT 6107Z

D.O.A	Time of Accident	Estimate	Tentative repair cost
27/2/2019	16:20	\$9,905.30	\$4,750.00
31/12/2018	17:15	\$962.00	\$527.00
25/1/2019	8:25	\$1,878.00	\$1,050.00

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

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

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

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		
Owner ID Type:	Company	
Owner ID: Vehicle Details	2292D	
Vehicle No.:	SG5428E	
Vehicle to be Exported:	No	
Intended Deregistration Date:	29 Jan 2019	
Vehicle Make:	VOLVO	
Vehicle Model:	B9TL 9.4L AUTO TURBO ABS	
Primary Colour:	Multi-Colour	
Manufacturing Year:	2016	
Engine No.:	D9195615	
Chassis No.:	YV3S4P920HA180890	
Maximum Power Output:		
Open Market Value:	\$505,887.00	
Original Registration Date:	02 Feb 2017	
First Registration Date:	02 Feb 2017	
Transfer Count:	0	
Actual ARF Paid: Intended PARF Rebate Details	\$0.00	
PARF Eligibility:	No	
PARF Eligibility Expiry Date:	•	
PARF Rebate Amount: Intended COE Rebate Details	\$0.00	
COE Rebate Amount:	\$0.00	
Total Rebate Amount:	\$0.00	

The information contained herein is correct as at 29 Jan 2019

ОК

eBao Tech										Gener	alClaim	
Hello, NAC_PAYA_UBI_80 My Desktop		cy Query					• Change	e Languag	e → Chan	ige Password	› Log Out	
Notice of Loss	Policy N Vehicle	lo. No.(For Motor)	SG3874	SGJ8745X		Date of Accident Certificate Number Search			31/12/2018 16:16			
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	0	5097019287		KHAIRULNIZAM BIN NOORDIN	S8032197Z	GPC	Third Party, Fire & Theft	SGJ8745)	SGJ8745X	31/12/2017	23/01/2019	
					C	ontinue						

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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	04/01/2019 11:31
Date Of Accident	31/12/2018 17:15
Exact Location Of Accident	JLN TOA PAYOH (BS60081-ST. ANDREW'S VILLAGE)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SG5428E
Insured/Policyholder	
Name Of Registered Owner	SMRT BUSES LTD
Co Reg No	198202292D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-NOPHONE
Vehicle Particulars	
Manufacturer	VOLVO
Model	B9TL-9.4 D AUTO TURBO ABS (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	THIRD PARTY
Fleet Policy	YES
Policy Number	D-18090224MFBP
Cover Note Number	
Driver	
Name of Driver	MUHAMAD FAISAL BIN AHMAD
Work Permit No	G2231489R
Date Of Birth	17/05/1975
Occupation	OUTDOOR
Date Of Driving Pass	10/06/2013
Driving Experience	5 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	

NOEMAIL

Address NOADDRESS

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 (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO YES

2

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NO 20

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

While my bus was in stationary position, conducting passenger activity at bus stop 60081 along Jalan Toa Payoh, a pte car (SGJ8745X) that was overtaking my bus from behind the right view mirror grazed the rear left portion of my bus. No injury reported.

Attachment(s)

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

Was there any video captured by Car Camera? YES

Remarks/ Reasons: PENDING DOWNLOAD

Was there any audio recorded? NC

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGJ8745X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

IMPORTANT NOTICE

- This Form must be completed by the Policyholder and/or the Authorised Driver Please report correctly the details of the accident to speed up the claims process
- facts may allow insurance companies to repudiate policy liability. Information provided must be as truthful and accurate as possible. Any wilful misrep

itation or withholding of material

Any false reporting may be referred to the Police for investigation. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance

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

8. Consent under the Personal Data Protection Act (PDPA) the report being made available aforesaid.

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

Funderstand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) 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 disclose and/or process my personal data/personal information set out in this [form] and any other personal information
- 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, external cover of envelopes/mail packages); and/or which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the
- 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 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
- 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.
- the information so collected under (d) above may be shared / disclosed:

(e) (b) 0 (6)

(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

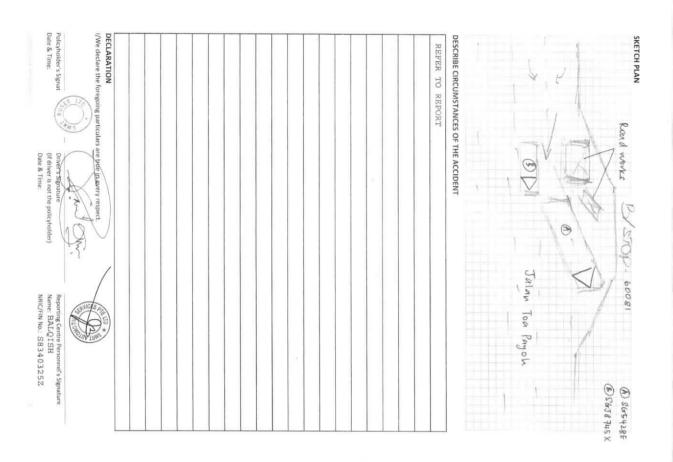
Date & Time: (If driver is not the policyholder)

Policyholder's Signature Date & Time:

Reporting Centre Personnel's Signature Name: BALQISH NRIC/FIN No.: S8340325Z

SKETCH PLAN

Sketch Plan Pg. 2





Case Details

Case Reference Number : BUS/12/18/5064

Type of Repair : Accident Repair Vehicle Registration Number : SG5428E Company Type : SMRT Buses Ltd Estimation ID : EST-5435-ID

Assigned By : Audrey Woo Yee Shin

Insurance Company Name : NTUC Income Insurance Co-operative Ltd

Accident Date and Time: 31/12/2018 09:18 AM

Vehicle Age(In Months): 22

Documents / Photographs

View Documents / Photographs

Total Documents: 1

Estimation Details

Spare Part's Cost Detail

				SMRTR	ecomme	endation							Surveyor Approval	
BOM Type	Costing Type	Portion	Material Number	Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	Remarks
						Т	otal Spare F	Part Cost	0.00			Surveyor Total	0.00	
					Lump Sum Discount (%)			0.00		Lun	np Sum Dis (%)	0		
						Fi	nal Spare F	art Cost	0.00			Final Sur Total	0.00	

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR REAR PORTION	530.00	265	
Total:			530,00	265.00	

Spray Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO PUTTY & RESPRAY	432.00	262	
Total:		·	432.00	262.00	

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
Total:			0.00	0.00	

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)	
Total Spare Part Detail	0.00	0.00	
Total Labour Cost	530.00	265.00	

44.2	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spray Painting	432.00	262.00
Other	0.00	0.00
Overall Total	1,037.00	527.00
Lump Sum Repair Option		
ump Sum Total	0.00	527,00
Surveyor Approved Amount		527.00
No of Repair Days*	1	1
Remarks		P/P REPAIR, PHOTO AFTER REPAIR.
Surveyor Name		Hwee jie
Signature	Y	o marily
		Save Clear
Survey Date	25/01/2019	

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:



SMRT Accident Vehicle Repair Breakdown

	Section A - Accident Details	Ľ
Registration Number	SG5428E	
Case Reference Number	BUS/12/18/5064	
Registration Date	7/2/2017	
Company Type	SMRT Buses Ltd	
Make	VOLVO B9TL DD	
Model	B9TL	
Name of Driver	Muhamad Faisal Bin Ahmad	
Type of Accident	Side Swipe	
Accident Date and Time	31/12/2018 5:18 PM	
Accident Reported Date and Time	31/12/2018 10:45 PM	
Is Surveyor Required?	Yes	
Survey by		
Vehicle is Towed Back?	No	
Towed Back Date and Time		
Replacement Vehicle issued?	No	
Job Card Number	24099845	
Special Instruction to ARC, if any	SG5428E - REAR RIGHT PORTION SGJ8745X (TP) - INSURED WITH NTUC. LEFT VIEW MIRROR	
Prepared Date and Time	21/1/2019 7:48 PM	
Chassis Number	YV3S4P920HA180890	
Mileage		
Work Shop		
Repair Completion Date and Time		

Sec	ction B -Summary of Repair E	stimates		
Summary of Repair Estimates				
	Quotation from ARC	Adjusted by Surveyor, if applicable		
Total Labour Cost	\$530.00	\$265.00		
Total Spray Cost	\$432.00	\$262.00		
Total Spare Part Cost	\$0.00	\$0.00		
Total Other Cost	\$0,00	\$0.00		
TOTAL COST	\$962.00	\$527.00		
Lump Sum Total	\$0.00	\$0.00		
Number of Repair Days	1.0	1.0		
Prepared / Adjusted By	Jeong Choon Hwee	Hwee jie		
Arc / Surveyor Sign Off Date	21/01/2019 7:51 PM	25/01/2019 3:00 PM		
Signature	7	0		
Remarks		PART BY PART REPAIR/ PHOT BEFORE PAINT		

Section C - Quotation and Accident Case Invoice Details		
Quotation Number	Invoice Number	
Quotation Date	Invoice Date	
Invoice Amount	Prepared Date	

60 Woodlan	ds Industrial Park E4,-Singapore 757705
FAX Numbe	er : 63685592
Estimator T	elephone Number : 68662623

Date Generated : 08/03/2019
User ID : CatherineLee



SMRT Accident Vehicle Repair Breakdown

SMRT Automotive Services Pte Ltd
60 Woodlands Industrial Park E4, Singapore 757705

FAX Number: 63685592

Estimator Telephone Number: 68662623

Accident Reporting Number: 68662672

Date Generated: 08/03/2019

User ID

CatherineLee

					User ID	: CatherineLe	
		Sect	ion D - Details of	Repair Estimates			
			Part 1 - Labou	ır Works			
	Job Scop	De la companya de la	Quota	ation from AR	Adjusted by Surve	eyor, if applicable	
TO REPAIR REAR PORTION			\$530.00		\$265.00		
Total Labour			530.00		\$265.00		
Part 2 - Spray	Painting & Pane	Beating Related World	ks				
Job Scope		Quotation from ARC		Adjusted by Surveyor, if applicable			
TO PUTTY & RE	O PUTTY & RESPRAY		\$432.00		\$262.00		
Total Spray Pair	al Spray Painting & Panel Beating		432.00		\$262.00		
Part 3 - Other	Costs - Accident	and Accident Repair	Related Expense				
Job Scope		Quotation from ARC		Adjusted by Surveyor, if applicable			
Total Other Cos	sts			11.35 1400.04 (42.87 8)			
Part 4 - Spare	Parts / Material I	Jsage					
Part Number	Portion	Stock Number	Part Name	Quantity	Estimator Approved	Surveyor Approved	
Added Spare	Parts / Materia	I Usage After Survey	or Signed off				
Part Number	Portion	Stock Number	Part Name	Quantity	ARC Check	Surveyor Check	

Veron Chen (LKKAuto)

From:

Veron Chen (LKKAuto)

Sent:

Monday, 11 March 2019 9:26 AM

To:

'Catherine Lee Sau Chan (Auto Svcs/ARC/AR & SC/Buses)'; Hwee Jie (LKK Auto); SUR;

Admin A

Cc:

Koo Yew Chung (Auto Svcs/ARC/AR & SC); AutoSvs-ARC (Bus)

Subject:

RE: Finalisation - SG5428E (BUS/12/18/5064) - NTUC

Dear Catherine,

WITHOUT PREJUDICE

Finalised amount is \$527.00 @ 1 working day.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Catherine Lee Sau Chan (Auto Svcs/ARC/AR & SC/Buses) <catherineleesc@smrt.com.sg>

Sent: Friday, 8 March 2019 5:34 PM

To: Hwee Jie (LKK Auto) <hweejie@lkkauto.com>; SUR <sur@lkkauto.com>; Admin A <admin-a@lkkauto.com>

Cc: Koo Yew Chung (Auto Svcs/ARC/AR & SC) < Yew Chung@smrt.com.sg>; AutoSvs-ARC (Bus) < AutoSvs-

ARCBus@smrt.com.sg>

Subject: Finalisation - SG5428E (BUS/12/18/5064) - NTUC

Hi Hwee Jie,

Attached herewith our copy of the bus repair estimate for the case.

Our finalised amount is \$527.00 @ 1 working day under part by part repair. Attached after repair photos for your perusal.

Please confirm the COR by return email ASAP.

Thank you

Best Regards
Catherine Lee
SMRT Automotive Services Pte Ltd
(Accident Repair Centre)
DID: 6866 2669 Fax: 6368 5592
catherineleesc@smrt.com.sg



National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315





NTU	JC INCOME INSURANCE CO-OPERATIVE LTD		Ref: NS/INC19001821/Jvd3e2		1/Jvd3e2
		D UNION HOUSESINGAPORE	Date:	14-03-2019	
			Code:	INC4	
1.	1 40 March 1 7 K	Policy Particulars			并36000000000000000000000000000000000000
	Insured Veh.	SGJ 8745X	_	nspected	SG 5428E
	Policy No.	5097019287	_	age (\$)	0.00
	Claim No.	MT/1025893-002	Exces		0.00
	Assign From		Assig	n Date	25/01/2019
2.	LANGUE IN	Vehicle Partie	culars &	& Condition	
	Make & Model	VOLVO B9TL	c.c		9364
	Engine No.	HIDDEN	Year o	of Reg.	2017
	Chassis No.	YV3S4P920HA180890	Colou	r	GREEN
	Odometer	165340	Steeri	ng	IN ORDER
	Brakes	IN ORDER	Modification		SPORTS RIM
	General	GOOD			
3.		Conditi	ons of	Tyres	
		Size	Make		Balance
	R/H Front Tyre	275/70 R22.5	FIREN	ZA	7 mm
	L/H Front Tyre	275/70 R22.5	FIREN	ZA	7 mm
	R/H Rear Tyre	275/70 R22.5 (D)	FIREN	ZA	7/7 mm
	L/H Rear Tyre	275/70 R22.5 (D)	FIREN	ZA	7/7 mm
4.		Description	on of D	amages	
	THE VEHICLE SU	STAINED DAMAGES AT THE RE	AR POR	TION.	
	DAMAGES SEE D	ETAILS.			
5.	CANAL TIME	Genera	I Inform	ation	1976年1970年1976年1976年1
	Accident Date	31/12/2018	Insped	ction Date	25/01/2019
	Survey held at	SMRT AUTOMOTIVE SERVICE	S PTE L	TD	
		60 WOODLANDS INDUSTRIAL	PARK E	4 SINGAPORE 7577	05
5a.	Transferring .	R	emarks		
		ON WAS CONDUCTED ON A"WIT CE TO YOUR INSTRUCTIONS, W			REPAIRS.
5b.	NATIONAL PROPERTY.	Estimate	Days of	Repair	
	ESTIMATED NOR	MAL PERIOD FOR REPAIR:		1 Working Days	



National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315





ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SG 5428E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR			
	TO REPAIR REAR PORTION.		530.00	265.00
	TO PUTTY & RESPRAY.		432.00	262.00
			962.00	527.00
	GRAND TOTAL		962.00	527.00

RECOMMENDED COST OF REPAIRS (CONFIRMED)		527.00
---	--	--------

Report Ref No. NS/INC19001821/Jvd3e2

ONG HWEE JIE

Automotive Assessor

Tu

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 contact or tort, is accepted to any third party who may reply on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.