invento Steve	REF:	tc1			
7		ASSIGNMENT	<u>J</u>	9- 4-04 T	
From Estimated Cost	Date:	Veh No FL 88		jii. Jan / 15	
OD/TP/WS/TP RES/O	D RES / EVA / INV / MV	Type: M.Car / M.Cycle / B Truck / Trailer or	us / van / Lorry / Taxi /	Prime Mover /	
Fo Inspect Vehicle No:		Make: Yamaha			
at Workshop m/s.		The second secon		66 153	
of		Colour Orange	A/C I	Insured / Std / NI / NA	
Insured		Sp.Reading 4003	T/Radio	Insured / Std / NI / NA	
Policy No.	×	Eng/No:	5 08 90 2017743	i	
Claims No				•	
Sum Insured:	Excess:	Gen. Cond. Good/ Fair / Po			
(Client's Record) Make of Veh;		Steering: (norder / Jammed Brake: (norder / Jammed	d / Leaked / Burnt or d / Leaked / Burnt or		
	3.40	Modi: Nil / (Rim) STD			
(Policy Condition)	V T	Tyre Size: F:	140/70-17		
Remark: The veh had commo repair at the time of		R: O/S BS / DUN / EXNOVA / GY / F	FS / LIZA / MIC / OHTSU	/PIR/SUMI/	
	Amonto	TOYO/YOKO or FI	relli		
IDAC Accident Rport:	Consistent? : Yes or No	DIQ Front	Rear		
GIA / PR Seen:	Consistent?: Yes or No	R/Bal. nar	m R/Bal,	7	
Est. Repairs:	days Res.: Yes or No	L/Bal, mn	m L/Bal,	mm .	
The second second	% 3 Val.: Yes or No	D.O.A. 21/2/19	D.O.J.	1/3/19 10.35an	
		Survey held at	SI moting		
CA / REV / REP. / 24 P	IRS Vehicle: IN / (Contacted:	Des. of Damages : Frt / Rear	LH, RH	Rooflop or	
Date / Time Action / Instru		The U/C / Chassis frame	/ Body Structure aller	cled due to collision	
	ncummi		9	•	
	RECEI	VED 2-9 MAR 2019	8	16	
į.		2019		赤	
	_		- 50		
•	*	•			
Oate/Time: File Pass to?	reli. Report	Days Of Repair:	5/4		
Date/Time, File Return to?	inal Report	Resurvey No. of Trip:	Survey Fee:		
	Add Fe		Transportation) _ S +RS _ Sr		
Report Format : PR	s -	: Interview (\$) Photos.		
ump Sum / I.B I: (\$		Tech Invs (\$	F. Coher.		
	W.	: Weekend 1\$	- 1		
			7034		



MS First Capital Insurance Limited Co.Reg. No. 195000105C GST Reg. No. M2-0001676-9 6 Raffles Quay #21-00 Singapore 048580 Tel: (65) 6222 2311 Fax: (65) 6222 3547

Claims & Motor Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 058877 Tel: (65) 6507 3848 Fax: (65) 6507 3849 www.msfirstcapital.com.sg

MOTOR SURVEY ASSIGNMENT

Date

27-02-2019

Our Ref No. D19001452MFSH

Accident Date

21-02-2019

Claim Type. Third Party

Insured Vehicle

SHD4537B

Third Party Vehicle. FL8899L

Survey Location

Blk 3006 UBI road 1 #01-366

Contact Person.

KELLEY CHOONG

Contact No.

67499535/67499535

Fax No. 67469957

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

S1 MOTORING

Attention, NIL

Cc: TP Solicitor

CHIA S ARUL LLC

TP Solicitor Fax No. NA

Officer Incharge

JOANNEY

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 <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 aftressaid.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	26/02/2019 15:25
Date Of Accident	20/02/2019 23:45
Exact Location Of Accident	BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FL8899L
Insured/Policyholder	
Name Of Registered Owner	YOUNG AZMAN BIN ABDUL RAHMAN
NRIC No	S6801149C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88580369
Alternative Phone No	OTHERS-88580369
Vehicle Particulars	
Manufacturer	YAMAHA
Model	FZ16ST MANUAL
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5077294328-03

Policy Number 5077294328-03

Cover Note Number

Driver

Name of Driver NUR ARINA BINTE YOUNG AZMAN

NOEMAIL

 NRIC No
 S9349813E

 Date Of Birth
 11/12/1993

 Occupation
 INDOOR

 Date Of Driving Pass
 28/02/2017

Driving Experience 1 YEAR AND 11 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-87429407

Fax Number

EMail Address

Contact Number

Address

BLK 406 #03-269 CHOA CHU KANG AVENUE 3

Postcode

680406

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

Ī

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?

YES

Was any injured conveyed to hospital by

YES

ambulance?

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?

YES

If Yes, Please state which Police Station

Police Station Name

CHOA CHU KANG NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 116 TECK WHYE LANE, POSTCODE: 680116, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-7629999 - FAX NO: 67636615

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

AS PER POLICE REPORT No.T/20190223/2003;

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

SHD4537B

Vehicle Make/Model/Colour

HYUNDAI SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO

Details Of Properties

Vehicle Category

TAXI

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

NUR ARINA BINTE YOUNG AZMAN Name

25 Approximate Age

Injuries Sustain

Address

Injured person in which vehicle? FL8899L

NO Were seat belts worn?

Was this injured conveyed to hospital by

YES

ambulance?

BLK 406 #03-269 CHOA CHU KANG AVENUE 3

Postcode 680406

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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 aforesald.
- 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:
 - 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:
 - 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.

B

Syr

Policyholder's Signature Date & Time:

Called Called

Elmagner Charles

SARAT SMANHAGEM YALL

Driver's Signature

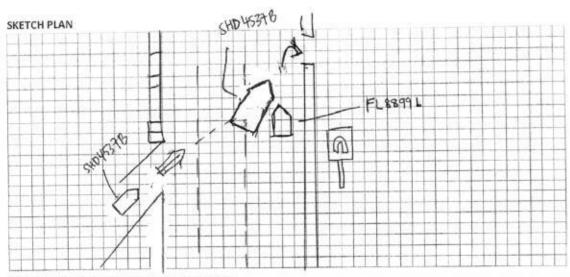
(If driver is not the policyholder)

Date & Time:

IDAC KAKI BUKIT (VAC)

Name: 5ingapore 415933 NRIC/TEN-67416697 Fax: 67492305

Email: vackb@singnet.com.sg



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Polit	e Report	
00107		7 11 11
/		
		_
		-
CLARATION		

I/We declare the foregoing particular one true in every respect.

De Songophie Policyholders Signature

GARVI Septimilar-emily)

To Pate & Times Odly ov In The

Driver's Signature

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

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Reporting Centre Personne's 415933

Name:
NRICJENING7416697 Fax: 67492305

Email: vackb@singnet.com.sg





Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999 1 of 4 Report No. T/20190223/2003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/02/2019 00:51			Vide Report No.: J/20190221/0003	Station Diary No.: 17	
Informan	t's Partici	ulars		表示的企业的主义是是是一种企业的企业的企业的企业	
Name of I NUR ARI		YOUNG AZMAN	Address: APT BLK 406 CHOA CHU SINGAPORE 680406	KANG AVENUE 3 #03-269	
ID Type / ID No.: NRIC NO / S9349813E		13E	Contact No.: Home/Office: Mobile: 87429407		
Nationalit	y: ORE CITIZ	EN	Email:		
Sex: Female	Age: 25	Date of Birth: 11/12/1993	Type of Informant: Rider		
Race: Malay			Language: Institution / School Na		
Occupation: TRAINING SUPPORT EXECUTIVE		RT EXECUTIVE	Driving Licence Information Class: 2B	n: Date of Expiry:	

Type of Accident:	Injury Conveyed By Ambula	Drink nce Drive: No	Date/Time of Accident: 20/02/2019 23:45	Type of Location Straight Road
Location: Along Road 1 BUKIT TIMAI near to King 2	H ROAD Albert Park MRT Station			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Traffic Control: One Way Not Controlled				Traffic Volume: Light
Type of Collis Between Mov		Anyone conveyed by ambulance:		

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FL8899L	Motorcycle	mano			Seriously Damaged	
SHD4537B	Car				Slightly Damaged	0

Details of Person Involved	Later to the property of the control
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

2 of 4 Report No. T/20190223/2003

CONTINUATION OF REPORT

Rider				The same	914	A STATE OF THE PARTY OF THE PAR
Name	NUR ARINA BINTE YOUNG AZMAN			ID No.		S9349813E
Related Vehicle	FL8899L (Motorcycle)			Conta	ct No.	87429407
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL			Class Driving Licent Expiry	g ce &	Class: 2B Date of Expiry: NIL
Date Treatment	21/02/2019 Date Dis			charge	21/02	2/2019
No. of Days granted Medical Leave 03			Degree o	of Injury	Serio	us
Driver	trapped to the strapped	The state of			4	
Name	CHENG JOO HION	G		ID No		S0998075Z
Related Vehicle	SHD4537B (Car)			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	charge	NIL			
	ted Medical Leave	NIL	Degree o		NIL	

Brief Details.

On 20/02/2019 at about 2345hrs, I was driving my motorcycle bearing FL8899L along Bukit Timah Road on my way home. I was riding on the second lane, when a taxi bearing SHD4537B came from my left hand side from the merging lane. I tried to avoid the taxi and went to the first lane, however, the taxi cut into the first lane and I collided onto the rear right side of the taxi.

My motorcycle suffered damages on the left side mirror, motorcycle fairing, motorcycle alignment and the gear lever was damaged. The other party's taxi suffered damages where the right rear side of the taxi had a dent and paint crack.

I fell over and suffered injuries on my left hand, abrasions on my left leg and hit my head.

I was conveyed by the ambulance to Ng Teng Fong General Hospital. I was given 3 days of Hospitalization leave from 21/02/2019 to 23/02/2019.

I do not have any camera that captured the incident, however I have two witnesses namely YOUNG FIRMAN BIN YOUNG AZMAN, S9532929B, Tel: 98526085 who was riding and MUHAMMAD AZARUDDIN BIN ISMAIL, S9344127C Tel: 90673754 who was driving behind me.

I am lodging this report as instructed by the police and for insurance claims.





Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999 3 of 4 Report No. T/20190223/2003

CONTINUATION OF REPORT

Common Statement Pg. 1





Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

4 of 4 Report No. T/20190223/2003

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: J / Sgt 2 FELICIA GOH MIN EN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/02/2019 00:51
Officer In Charge Of Case: TP / GIT / Staff Sgt YAN MINGSHENG DANEL Contact No.: 65476252	Classification Of Case:
Authentication Stamp	



MEDICAL CERTIFICATE (Ref:51670965)	ORIGINAL
NAME: NUR ARINA BTE YOUNG AZMAN	NRIC: S9349813

Type of Medical Leave granted: HOSPITALISATION LEAVE

The above named is unfit for duty from 21/2/2019 to 23/2/2019 inclusive

The certificate is not valid for absence from court attendance.

The aboved name was in Emergency Department from 21/02/2019 00:33 to 21/02/2019 04:28. The aboved name was admitted from 21/02/2019 04:28 to 21/02/2019 13:34.

21/02/2019

Dr. Yi Meng Kevin KOH (63495F)

NUH Battani Between

National University Hospital (Singapore) Pte Ltd

5 Lower Kent Ridge Road, Singapore 119074 TEL: (65) 6779 5555 Business Registration No.198500843R

MEDICAL CERTIFICATE	ORIGINAL	NUH19051818
NAME: NUR ARINA BTE YOUNG AZMAN		NRIC: \$9349813E

Type of Medical Leave granted : OUTPATIENT SICK LEAVE

The above named is unfit for duty for a period of 7 day(s) from 23-Feb-2019 to 01-Mar-2019 inclusive

The certificate is not valid for absence from court attendance.

The above named allended for Examination/Treatment from 23-Feb-2019 09:31 to 23-Feb-2019 11:03

SRINESH BALAKRISHNAN
23-Feb-2019 (13550Z) A&E

Date Issued by Location Signature

> Back to OneMotoring

Enquire Transfer Fee

manarer ree .	25.00		25.00
Transfer Fee :	(\$\$) 25.00	(\$\$)	(5\$)
	Amount Before GST	GST Amount	Amount After GST
Road tax, including Over Payment Amount Payable	(if any), of a vehicle will follow the vehicle to the new registe	red owner when its ownership is being t	transferred.
	if road tax / lay up has expired. Please use Enquire Road Tax		
PM Emission :	4		
NOx Emission :			
HC Emission :			
CO Emission :	æ		
CO2 Emission :	(*		
Intended Transfer Date :	22 Mar 2019		
Inspection Due Date :	26 Jan 2020		
Road Tax Expiry Date :	26 Jan 2020		
COE Expiry Date:	26 Jan 2025		
Quota Premium:	\$4,889.00		
COE Category:	D - Motorcycle		
Lifespan Expiry Date :	87.		
Original Registration Date :	27 Jan 2015		
Year Of Manufacture :	2013		
Unladen Weight :	141 kg		
Maximum Laden Weight:	330 kg		
Maximum Power Output:	14		
Engine Capacity:	153 cc		
Engine No.:	45SB017716		
Propellant:	Petrol		
Chassis No.:	ME145S0B9D2017743		
Vehicle Model:	FZ16ST MANUAL		
Vehicle Make :	YAMAHA		
Vehicle Scheme :	Normal		
Vehicle Attachment 1	No Attachment		
Vehicle Type :	P00 - Passenger Motorcycle/Autocycle/Moped		
Vehicle No.:	FL8899L		
Vehicle Details			

You may print this page for reference.

Total Amount Payable:

OK

Print

25.00

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		
Owner ID Type:	Singapore NRIC	
Owner ID: Vehicle Details	1149C	
Vehicle No.:	FL8899L	
Vehicle to be Exported:	Yes	
Intended Deregistration Date:	22 Mar 2019	
Vehicle Make:	YAMAHA	
Vehicle Model:	FZ16ST MANUAL	
Primary Colour:	Red	
Manufacturing Year:	2013	
Engine No.:	45SB017716	
Chassis No.:	ME145S0B9D2017743	
Maximum Power Output:		
Open Market Value:	\$2,505.00	
Original Registration Date:	27 Jan 2015	
First Registration Date:	27 Jan 2015	
Transfer Count:	0	
Actual ARF Paid: Intended PARF Rebate Details	\$376.00	
PARF Eligibility:	No	
PARF Eligibility Expiry Date:		
PARF Rebate Amount: Intended COE Rebate Details	\$0.00	
COE Expiry Date:	26 Jan 2025	
COE Category:	D - Motorcycle	
COE Period(Years):	10	
QP Paid:	\$4,889.00	
COE Rebate Amount:	\$2,857.00	
Total Rebate Amount:	\$2,857.00	

The information contained herein is correct as at 22 Mar 2019





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

	Maria Carlo	PRE-REPAIR	INSPECTION REPORT	
MS FIRST CAPITAL INSURANCE LTD		Ref: CS3/FCI19003841/Ecd3s2		
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date: 01-04-2019		
			Code: FCI2	
1.		Policy Particu	lars :- (THIRD PARTY CLAIM	M)
	Insured Veh.	SHD 4537B	Veh. Inspected	FL 8899L
	Policy No.		Coverage (\$)	0.00
	Claim No.	D19001452MFSH	Excess (\$)	0.00
	Assign From	JOANNE YONG	Assign Date	01/03/2019
2.		Vehicle	Particulars & Condition	
	Make & Model	YAMAHA	c.c	153
	Engine No.	HIDDEN	Year of Reg.	2015
	Chassis No.	ME145S0B9D2017743	Colour	ORANGE
	Odometer	40034 KM	Steering	IN ORDER
	Brakes	IN ORDER	Modification	SPORTS RIM
	General	GOOD		
3.		Co	onditions of Tyres	
		Size	Make	Balance
	R/H Front Tyre	100/80-17	FIRELLI	7 mm
	L/H Front Tyre			mm
	R/H Rear Tyre	140/70-17	FIRELLI	7 mm
	L/H Rear Tyre			mm
١.		Desc	cription of Damages	
	THE VEHICLE SU BODY.	STAINED DAMAGES AT THE	FRONT PORTION, N/S AND O	is a second
5.		Ge	neral Information	
	Accident Date	20/02/2019	Inspect Date / Time	01/03/2019 (10:35 AM)
	Survey held at	S1 MOTORING		
	5-45	BLK 3006 UBI ROAD 1 #01-366 SINGAPORE 408700		
5a.			Remarks	Quality Control
	B) THE REPAIR E	STIMATE WAS NOT PRESEN AS TOLD TO PREPARE THE EASE FIND DAMAGED VEHI	"MTHOUT PREJUDICE" BASIS NTED AT THE TIME OF INSPEC E ESTIMATE. CLE PHOTOGRAPHS.	S. TION.

Report Ref No. CS3/FCI19003841/Ecd3s2

Inspected By

6

CHEN TSUE YEE

Automotive Assessor

L

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 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.