

22/03/2019

ASS. REC. BY:

REF: CS/SPF19006043/ AV d307

Special Instruction:

Surveyor: Adnan

ASSIGNMENT (Office)

From (Person): Frankie Thay

of SPF

Date/Time: 4-4-2019 4:58pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SLJ 4584K

Insured:

at Workshop m/s M4 solution

Tel: 91886931

of 23 Kaki Bukit Avenue 4 #02-03B

Policy No:

Claim No: AE MD / 105 / 009 / 2019 / 022

Sum Insured:

Excess:

Make of Veh:

D.O.A.

22/3/19

(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

8/4/19

H.O.D. Endorsement:

Date/Time: 5.5.19 10.41a.m

Person Contacted: Ms Hung

Vehicle (IN) / OUT

| Date/Time | Action/Instruction (✓) Estimate |
|----------------|--------------------------------------|
| | <u>SLJ 4584K - X</u> |
| <u>21/5/19</u> | <u>LS \$1600 (Red 3K15.60, 6870)</u> |
| | |
| | |
| | |

Do Not Finalise

Birru

REF: SPF

ASSIGNMENT

From: _____ Date: 8/1/2019

Estimated Cost: _____

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

To Inspect Vehicle No: SLJ 4584K

at Workshop m/s: MG solution

of: 28 Kalki Blk Ave 4 #02-03B

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

Veh No: SLJ4584K Yr Regn: 2016 Dec

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

Truck / Trailer or _____

Make: Toyota Wish c.c 1798

Colour: Grey. A/C: Insured / Std / NI / NA

Sp. Reading: - T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDG92awx0J006022

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: 155/65R15

R: 155/65R15

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

TOYO / YOKO or Maxxis

Front R/Bal. 06 mm Rear R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 08/04/19.

Survey held at MG solution.

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

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

| | |
|-----|-----|
| | |
| N/S | O/S |
| | |

(Policy Condition)

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

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 (up)

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time _____ Action / Instruction TP SPF.

Renye: \$15K - \$21K.

Do Not Finalise

RECEIVED 23 MAY 2019

Date/Time, File Pass to? : Preli. Report

1) : Final Report

Days Of Repair: 4

Resurvey No. of Trip: -

2) 22/5 - typist

Report Format: _____

Lump Sum / I.B.I. (\$) _____

Add Fee: Site Insp (\$)

Interview (\$)

Tech. Invs (\$)

Weekend (\$)

| | |
|-----------------|-----|
| Survey Fee: | 220 |
| Transportation: | |
| S + RS, SI | |
| Photos | |
| Others | |
| TOTAL | 220 |

Nivitha (LKK Auto)

From: Frankie THAY (SPF) <Frankie_THAY@spf.gov.sg>
Sent: Thursday, 4 April 2019 4:58 PM
To: Veron Chen (LKKAuto); assignments
Cc: Abdul Rahman MOHAMAD SALIM (SPF); Hafizul Farhan RAHMAT (SPF)
Subject: RE : Pre-Repair Inspection for SLJ4584K

Your reference: SLJ4584K
Our reference: AEMD/105/009/2019/022

Veron,
Please conduct a Pre-Repair Inspection for Vehicle SLJ4584K at the following address:

MG SOLUTION PTE LTD
23 Kaki Bukit Avenue 4 (South Wing) #02-03B
Vicom Inspection Centre
Singapore 415933

Please contact Ms Heng Yoke Hong at 91886931 for appointment.

Thanks.

Frankie Thay (Mr)
Safe Driving Manager
Automotive Engineering & Management Division
Police Logistics Department
Singapore Police Force
DID: (65) 6478 4841 | FAX: (65) 6478 4848



HOME TEAM
TRANSFORMATION 2025
*One Home, One Team
Building Our Future Together*

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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 | 25/03/2019 09:36 |
| Date Of Accident | 22/03/2019 18:00 |
| Exact Location Of Accident | KOON SENG RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------|
| Vehicle Registration Number | SLJ4584K |
| Insured/Policyholder | |
| Name Of Registered Owner | PRIME CARS LEASING PTE LTD |
| Co Reg No | 201508241D |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-89999999 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | TOYOTA |
| Model | WISH 1.8 CVT |
| Exact Purpose for which vehicle was being used at time of accident | COMMERCIAL 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 | PRIVATE HIRE |

Insurance Company

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | TOKIO MARINE INSURANCE SINGAPORE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 18-MJ001616-R00 |
| Cover Note Number | |

Driver

| | |
|----------------------|---|
| Name of Driver | KELVIN TAN TZE WEI (KELVIN CHEN ZHIWEI) |
| NRIC No | S7427337H |
| Date Of Birth | 01/09/1974 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 13/09/1995 |
| Driving Experience | 23 YEARS AND 6 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98187202 |
| Fax Number | |
| Contact Number | OFFICE-98187202 |
| EEmail Address | NOEMAIL |

| | |
|---|----------------------------------|
| Address | BLK 421 CANBERRA ROAD #09-427 |
| Postcode | 750421 |
| 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 | HIT BY FALLEN TREE / OTHER OBJECTS |
| 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 | 1 |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by 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 | YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-8529999 - FAX NO: 68522299 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - L/20190322/2110.

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 | |
| Vehicle Make/Model/Colour | |
| Details Of Properties | SPF OFFICER |
| Vehicle Category | GOVERNMENT |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. This sketch plan correctly reflects the facts of the accident to speed up the claims process.
2. This sketch plan is completed by the Traffic Warden and/or the Authorized Driver.
3. Information provided must be careful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. It is a condition of acceptance of this form by the Insured that the Insured consents to the disclosure of policy liability on the part of the insurance companies.
5. Any traffic 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 submission 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 (including the "Purposes")
- (b) All insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' Insurers' Records Management Centre may/are permitted to collect, use, disclose and/or process my Personal Information for the purposes of the above Purposes only.
- (c) My Personal Information may/are disclosed to Singapore Insurers and/or general insurance members, regulatory and agents including to any lawyer or law firm which may be the solicitor of the Insurers for the purposes of the above Purposes.
- (d) My Personal Information will/are collected and used for the purposes of processing, handling and/or dealing with my claims, investigations and management, in processing and settling claims.
- (e) My Personal Information collected under this form may be used to:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, handling or settling claims; 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.



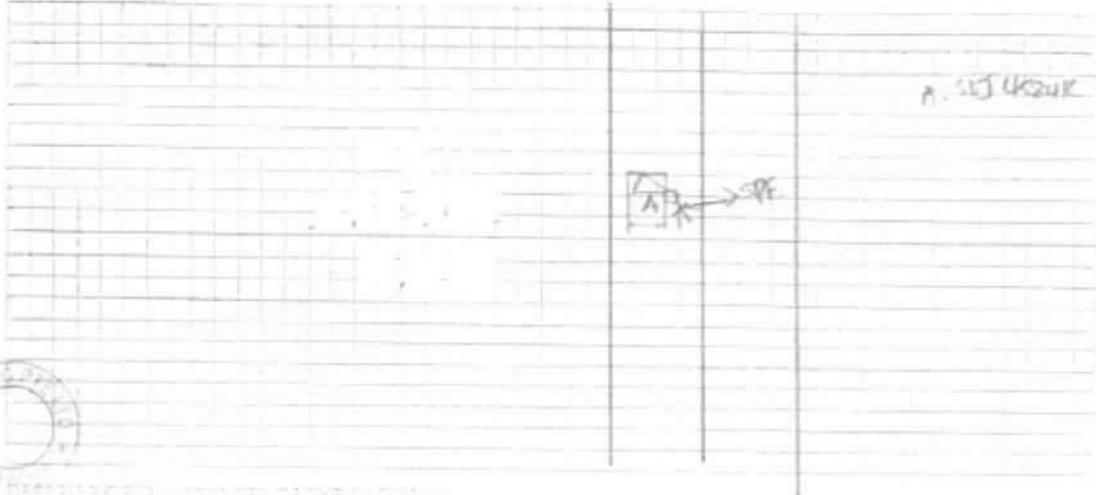
Traffic Warden's Signature
Date & Time

Driver's Signature
(if driver is not the policyholder)
Date & Time

Processing Centre Name
Name
NRIC/ID NO

Accident Sketch Plan

SKETCH PLAN

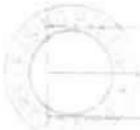


DESCRIPTION OF THE ACCIDENT

Refer to Police Report

Report No :-

L/20190322/2110



Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

(We declare the following details to be true in every respect.)


Policyholder's Signature
(Date & Time)


Driver's Signature
(If driver is not the policyholder)
(Date & Time)


Reporting Officer's Signature
Name:
(Date & Time)

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



L/20190322/2110

1 of 1

POLICE REPORT (NP299)

Report No. L/20190322/2110

Police Station Of Origin
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

| | | |
|---|--|--------------------------|
| Date/Time Report Made 22/03/2019 23:12 | Vide Report No. G/20190322/0144 | Station Diary No. 189 |
| Name Of Informant KELVIN TAN TZE WEI | Address APT BLK 421 CANBERRA ROAD #09-427 SINGAPORE 750421 | |
| ID Type / ID No. NRIC NO / S7427337H | Contact No Home/Office | Mobile 98187202 |
| Nationality SINGAPORE CITIZEN | Email Address | |
| Occupation PRIVATE HIRE | Sex Male | Age 44 |
| Institution/School Name | Date of Birth 01/09/1974 | Race Chinese |
| Date/Time Of Incident 22/03/2019 18:00 | Location Of Incident KOON SENG ROAD SINGAPORE | |

Brief details.

On 22/03/2019 at 1800hrs, I was at Koon Seng Road waiting for my friend in my car. While I was waiting for my friend, I saw 3 guys chasing after 1 guy. When they were chasing, they hit onto left rear side of my vehicle. As a result, my rear left side door was dented. The 3 guys then managed to detain one of the guy eventually. The guys told me that they are police officers. They then gave me a case card reference G/20190322/0144 and advised me to lodge a police report to make a claim against the damage on my vehicle. My vehicle number is SLJ4584k.

| | |
|---|--------------------------------|
| Signature Of Officer Recording The Report: L / Sgt 2 OH HONG LI | Signature Of Informant: |
| Signature Of Interpreter: Not applicable | Date/Time: 22/03/2019 23:12 |
| Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / Insp SHAUN CHANG RONG QUAN Contact No.: 63647559 | Classification Of Case: |

Authentication Stamp

MG SOLUTION PTE LTD

23 Kaki Bukit Avenue 4 (South Wing) #02-03 Singapore 415933

Tel: (+65) 6243 1373 | Fax: (+65) 6243 1376

Reg. No: 201427944N

Email : mg3solution@gmail.com

| | | | |
|--|---------------------|-----------------|-------------------|
| TO | : SPF | DATE | : 04/04/2019 |
| ATTENTION | : MOTOR CLAIMS DEPT | JOB TYPE | : T/P CLAIM |
| ESTIMATE REPORT | : | | |
| <u>VEHICLE DETAILS</u> | | | |
| VEHICLE NO | : SLJ4584K | | |
| MODEL | : TOYOTA WISH 1.8A | | JTDG620WXTJ006022 |
| CHASSIS NO | | | Veron. |
| <u>ACCIDENT DETAILS</u> | | DATE | : 22-Mar-19 |
| | | TIME | : 18:00HRS |
| THIRD PARTY REQUESTOR / CONTACT : JACK LI | | | |

CLAIM DETAIL : PARTS

| S/N | DESCRIPTION | QTY | UNIT LIST PRICE | TOTAL LIST PRICE |
|-----|--------------------------------|-----|-----------------|--------------------------------|
| 1 | FRONT DOOR LH <i>Repair</i> | 1 | \$ 1,530.20 | \$ 1,530.20 |
| 2 | FRONT DOOR CHROME LH <i>4t</i> | 1 | \$ 360.20 | \$ 360.20 |
| 3 | REAR DOOR LH <i>Dentel.</i> | 1 | \$ 1,530.20 | \$ 1,530.20 1280.20 |
| 4 | REAR DOOR CHROME LH <i>new</i> | 1 | \$ 360.20 | \$ 360.20 |

1640.40 TOTAL PRICE \$ 3,780.80
 1230.30 LESS 25% \$ 945.20
SUB TOTAL PRICE \$ 2,835.60

CLAIM DETAILS: LABOUR AND SPRAY PAINTING (FRONT & REAR)

| | | | | |
|---|---|-----------|------|--|
| 1 | PANEL BEATING, REMOVING AND REPLACING PARTS | \$ 800.00 | 300. | |
| 2 | SPRAY PAINTING TO AFFECTED AREA | \$ 800.00 | 400 | |
| 3 | TUFF COAT | \$ 200.00 | ✓ | |
| 4 | REMOVE AND REFIX FRONT & REAR DOOR MECHANISM LH | \$ 380.00 | 80 | |

TOTAL \$2,180.00

ESTIMATE REPORT

TOTAL PARTS COST : \$ 2,835.60
TOTAL LABOUR COST : \$ 2,180.00
TOTAL REPAIR COST : \$ 5,015.60

APPROVED DETAILS

EXCESS :
NO. OF WORKING DAYS :
RE-SURVEY :
PART BY PART OR LUMP SUM :
DATE & TIME OF SURVEY :
SURVEYED BY :
CONTACT NUMBER :
FAX NUMBER :

Adrian Ling
L/S 08/04/19.
04 Days.

Total: 2010.30
L/S: 1.6K.

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:



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

| Affiliated to Federation Internationale Des Experts En Automobile | | | |
|--|--|-----------------------------|---|
| AUTOMOTIVE ENGINEERING & MGT DIVISION | | Ref : CS/SPF19006043/Avd3e2 | |
| ACCIDENT CLAIM SECTION (SPORE POLICE FORCE) 1 MOUNT PLEASANT ROAD BLK 8 OLD POLICE ACADEMYSINGAPORE 298333 | | Date : 14-06-2019 |  |
| ATTN : FRANKIE THAY | | Code : SPF | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | |
| Insured Veh. | | Veh. Inspected | SLJ 4584K |
| Policy No. | | Coverage (\$) | 0.00 |
| Claim No. | AEMD/105/009/2019/022 | Excess (\$) | 0.00 |
| Assign From | FRANKIE THAY | Assign Date | 04/04/2019 |
| 2. Vehicle Particulars & Condition | | | |
| Make & Model | TOYOTA WISH | c.c | 1798 |
| Engine No. | HIDDEN | Year of Reg. | 2016 |
| Chassis No. | JTDGG20WX0J006022 | Colour | GREY |
| Odometer | - | 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 | MAXXIS | 6 mm |
| L/H Front Tyre | 195/65 R15 | MAXXIS | 6 mm |
| R/H Rear Tyre | 195/65 R15 | MAXXIS | 6 mm |
| L/H Rear Tyre | 195/65 R15 | MAXXIS | 6 mm |
| 4. Description of Damages | | | |
| THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY. DAMAGES SEE DETAILS. | | | |
| 5. General Information | | | |
| Accident Date | 22/03/2019 | Inspection Date | 08/04/2019 |
| Survey held at | MG SOLUTION PTE LTD 23 KAKI BUKIT AVE 4 (SOUTH WING) #02-03B VICOM INSPECTION CENTRE, SINGAPORE 415933 | | |
| 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 | |



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

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLJ 4584K

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|---|--|----------------------|---------------------------|-------------------|
| | <u>REPLACEMENT OF PARTS</u> | | | |
| 1 | FRONT DOOR LH | TO REPAIR SEE LABOUR | 1,530.20 | - |
| 1 | FRONT DOOR CHROME LH | CUT | 360.20 | 360.20 |
| 1 | REAR DOOR LH | DENTED | 1,530.20 | 1,280.20 |
| 1 | REAR DOOR CHROME LH | NOT NECESSARY | 360.20 | - |
| | LESS 25% DISCOUNT | | -945.20 | -410.10 |
| | | | 2,835.60 | 1,230.30 |
| | <u>LABOUR</u> | | | |
| | PANEL BEATING, REMOVING AND REPLACING PARTS. INCLUSIVE OF THE REPAIR OF FRONT DOOR LH. | | 800.00 | 300.00 |
| | SPRAY PAINTING TO AFFECTED AREA. | | 800.00 | 400.00 |
| | TUFF COAT. | NOT NECESSARY | 200.00 | - |
| | REMOVE AND REFIX FRONT & REAR DOOR MECHANISM LH. | | 380.00 | 80.00 |
| | | | 2,180.00 | 780.00 |
| GRAND TOTAL | | | 5,015.60 | 2,010.30 |
| RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) | | | | 1,600.00 |

Report Ref No. CS/SPF19006043/Avd3e2

NOTES : THE ESTIMATED UPPER RANGE OF REPAIR COST FOR THE DAMAGED VEHICLE IS IN THE REGION OF \$1,500.00-\$2,000

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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