

23/03/2002

ASS. REC. BY:

REF:

CS/FCI19010339/J9/d32

Special Instruction:

*
wkg name?

Surveyor: Hwe Jia

ASSIGNMENT (Office)

From (Person): May Chua

of

FCI

Date/Time: 10/6/2019 5.39pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SLR 1976X

Insured: SHC 8130U

at Workshop m/s Lion City

Tel: 62824991

of 60 Jalan Lam Huat #04-01

Policy No:

Claim No: D19003508MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A. 26/5/2019

(Client's Record)

14/6/2019 Nam

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 11/6

Person Contacted: Henry

Vehicle IN/OUT

Date/Time	Action/Instruction () Estimate
	SLR 1976X - X
	SHC 8130U - CS/TM119009388/Ktd3nd DOA: 26/5/2019.
14/6/190	11.10am revised to May Chua by email.

ASS. REC. BY: Hwee Jie

REF

PCI

ASSIGNMENT

From:

Date:

13/6/2019

Estimated Cost:

Veh No:

SLQ1976X

Yr Regn:

30 Jun 2017Type: ☒ M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

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

To Inspect Vehicle No:

SLQ1976X

Make:

Toyota Priusc.c 1798

Colour

White

A/C:

Insured / Std / NI / NA

Sp. Reading

239461

T/Radio:

Insured / Std / NI / NA

at Workshop n/s

LCRof 60 Jalan Lam Huet #04-01

Insured:

Eng/No:

-

Policy No.

C/No:

JTDKB3FU903561553

Claims No.

Gen. Cond: ☒ Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: ☒ Inorder / Jammed / Leaked / Burnt or

(Client's Record)

Brake: ☒ Inorder / Jammed / Leaked / Burnt or

Make of Veh:

Modi: Nil / ☒ S/Rim / STD A/Rim or13/6/2019 before 11am

Tyre Size:

F: 195/65R15

(Policy Condition)

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

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

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

TOYO / YOKO or

Bal. or Market Value:

Front

Rear

IDAC Accident Rpt:

Consistent? : Yes or No

R/Bal.

6

mm

R/Bal.

6

mm

GIA / PR Seen:

Consistent? : Yes or No

L/Bal.

6

mm

L/Bal.

6

mm

Est. Repairs:

3

days

Res.:

Yes or No

D.O.A.

26/5/2019

D.O.I.

13/6/19

Lum Sum:

%

3 Val.:

Yes or No

Survey held at

LCR

CA / REV / REP. / 24 HRS

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

Date:

Person Contacted:

Vehicle: IN / OUT

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

Date / Time

Action / Instruction

Wait for workshop to agree with finalization amount.

Confirmed \$2700/- L/S 3days of repair. (Red \$ 2628.65, 49%)

RECEIVED 05 JUL 2019.

Date/Time, File Pass to?

1) 05/7/2019

Date/Time, File Return to?

2)

☐

: Preli. Report

☐

: Final Report

Days Of Repair:

3

Resurvey No. of Trip:

1

Add Fee:

☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech. Invs (\$)

☐

: Weekend (\$)

Survey Fee:

140

Transportation:

50

3 + RS. \$1

50

Photos

17

Others

TOTAL

257

Report Format :

7P

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

2700

MOTOR SURVEY ASSIGNMENT

Date	28-05-2019	Our Ref No. D19003508MFSH
Accident Date	26-05-2019	Claim Type. Third Party
Insured Vehicle	SHC8130U	Third Party Vehicle. SLQ1976X
Survey Location	60 JALAN LAM HUAT #04-01 CARROS CENTRE	
Contact Person.	HENRY	
Contact No.	62524991/ 0	Fax No. 0
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	LION CITY RENTALS	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	MAY CHUA	

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.

Veli Out

Shiau Chan (LKKAuto)

From: Shiau Chan (LKKAuto)
Sent: Friday, 14 June 2019 11:10 AM
To: 'CWS Motor Claims'
Cc: 'May Chua Hui Chin'; SUR
Subject: RE: SURVEY ASSESSMENT - D19003508MFSH/1
Attachments: CSFCI19010339Jqd3.pdf

Dear May,

Enclosed herewith preliminary advice of SLQ 1976X.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: CWS Motor Claims [<mailto:cwsmotorclaims@msfirstcapital.com.sg>]
Sent: Monday, 10 June 2019 5:39 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; May Chua Hui Chin <maychua@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D19003508MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

Please find attached the necessary documents for survey.

Kindly submit your report via CWS within the next 14 days.

Note: All the accident reports are uploaded into CWS for your perusal.

Best Regards,
Admin Team
Claim Workflow System
Motor Claims Department
MS First Capital Insurance Limited
Tel : 6507 3848
Fax : 6507 3849

PS: This is a system generated mail. Please do not reply to this mail.



This email has been checked for viruses by AVG antivirus software.
www.avg.com



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: D19003508MFSH
Our Ref: CS/FCI19010339/Jqd3

Date: 14 June 2019

The Motor Claims Department
MS First Capital Insurance Ltd

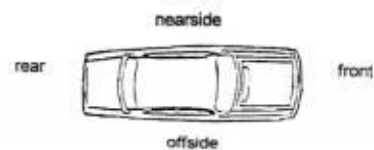
Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. SLQ 1976X.

Please be informed that we had conducted the inspection of the abovementioned vehicle on 13/06/2019 at the premises of M/s LION CITY, and have the following to report:-

Workshop Estimate Amount	: S\$ <u>3,787.78</u> .
Revised Estimate Amount	: S\$ <u>1,864.98</u> .
"Check" Items Amount	: S\$ <u>-</u> .
Market Value	: S\$ <u>-</u> .
LTA Reimbursement Value	: S\$ <u>-</u> .
Nett Value	: S\$ <u>-</u> .

Description of Damage:
The vehicle sustained damages
at the front portion.



Yours faithfully

Hwee Jie
Automotive Assessor

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	27/05/2019 12:10
Date Of Accident	26/05/2019 16:10
Exact Location Of Accident	X JUNCTION OF SENGKANG EAST RD & SENGKANG EAST WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ1976X
Insured/Policyholder	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	RENTALS@LIONCITYRENTALS.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-31381884

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS HYBRID-1.8 (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 PRIVATE HIRE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	19-MK000196-R00
Cover Note Number	

Driver

Name of Driver	DANIEL KOW JIA HONG
NRIC No	S1463677C
Date Of Birth	05/12/1961
Occupation	OUTDOOR
Date Of Driving Pass	08/01/1982
Driving Experience	37 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85697176
Fax Number	
Contact Number	OTHERS-84317726
Email Address	KJH3677D@GMAIL.COM

SKETCH PLAN

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)

(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.

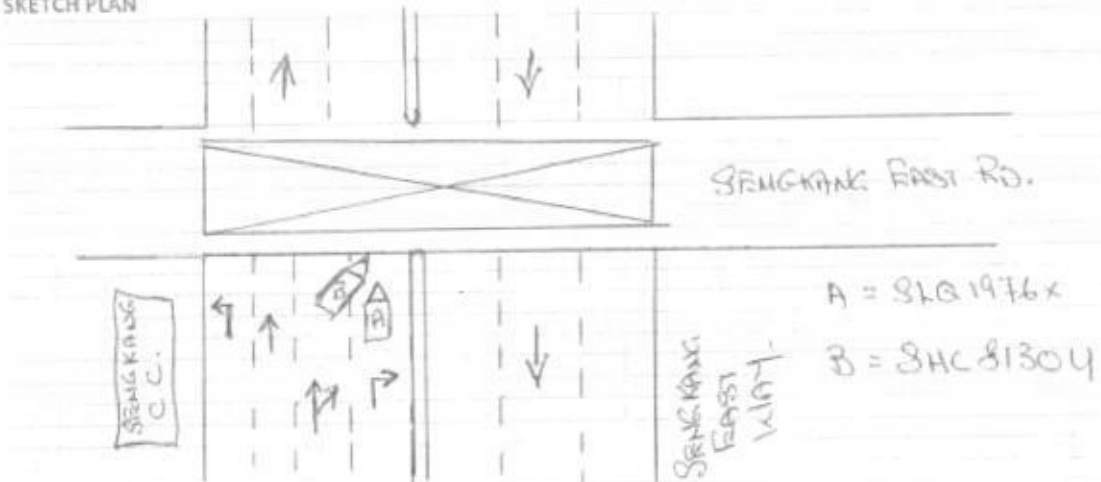
(e) the information so collected under (d) above may be shared / disclosed:

- (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.

Reporting Centre Personnel's Signature
Name: Hansel Ang
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/5/19 1610 I WAS TRAVELLING ALONG
 SENGKANG EAST WAY AND INTEND TO TURN RIGHT
 INTO SENGKANG EAST RD. I WAS WAITING INFRONT
 ON THE CROSS JUNCTION BEFORE THE TRAFFIC LIGHT,
 SUDDENLY THIS CAR SHC81304 CUT INTO MY LANE
 FROM MY LEFT AND HIT ON TO FRONT LEFT PORTION
 OF MY CAR

DECLARATION

I/We declare the foregoing particulars are true in every respect. 1145



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.:

REPORTING CENTRE NO.:

57512926B

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	4597K
Vehicle Details	
Vehicle No.:	SLQ1976X
Vehicle to be Exported:	No
Intended Deregistration Date:	13 Jun 2019
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS HYBRID 1.8 CVT
Primary Colour:	White
Manufacturing Year:	2017
Engine No.:	2ZR5056537
Chassis No.:	JTDKB3FU903561553
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$29,007.00
Original Registration Date:	30 Jun 2017
First Registration Date:	30 Jun 2017
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Jun 2027
PARF Rebate Amount:	\$3,750.00
Intended COE Rebate Details	
COE Expiry Date:	29 Jun 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$52,807.00
COE Rebate Amount:	\$42,480.00
Total Rebate Amount:	\$46,230.00

The information contained herein is correct as at 13 Jun 2019

OK

LCRF Pte Ltd
CARROS CENTER
60 JALAN LAM HUAT #04-01 S(737869)
Main +65 62524991

First Capital Insurance Pte Ltd

36 Robinsin Road #16-01
City House Singapore 068877

Attn : MOTOR CLAIMS DEPT

ESTIMATE

VEHICLE NO. : SLQ1976X
CHASSIS NO :JTDKB3FU903561553
MAKE / MODEL : PRIUS HYBRID 1.8 CVT
DATE OF ACCIDENT : 26 MAY 2019
YOUR INSURED VEHICLE NUMBER : SHC8130U

	<u>PARTS DISCRIPTION</u>	<u>QTY</u>	<u>UNIT PRICE</u>	<u>LIST PRICE</u>	
1	FRONT BUMPER DEF ✓	1PC	\$ 495.50	\$ 495.50	
2	FRONT BUMPER SIDE RETAINER ncc ✓	1PC	\$ 82.30	\$ 82.30	
3	FRONT BUMPER FOG LAMP ncc x	1PC	\$ 350.00	\$ 350.00	
4	FRONT BUMPER LOWER GRILLE ncc x	1PC	\$ 163.40	\$ 163.40	
5	FRONT BUMPER REINFORCEMENT ncc x	1PC	\$ 691.10	\$ 691.10	
6	FRONT BUMPER REINFORCEMENT SPONGE ncc x	1PC	\$ 69.80	\$ 69.80	
7	HEADLAMP LH SCR ✓	1PC	\$ 495.50	\$ 495.50	2550
8	HEADLAMP PANEL LH Repair x	1PC	\$ 76.10	\$ 76.10	

LIST TOTAL S\$:	\$	2,423.70
25.00% DISCOUNT S\$:	\$	605.93
	\$	1,817.78

<u>SPECIAL NETT</u>				
1	FRONT BUMPER CLIP ncc ✓	1 SET	\$	50.00 30

Special Nett Total S\$:	\$	50.00
-------------------------	----	-------

LABOUR CHARGES

- | | | | | |
|---|---|----|--------|-----|
| 1 | TO REMOVE ACCIDENT DAMAGED PARTS IN ORDER TO REPAIRS INCLUDING PANEL BEAT, CUT/WELD, STRAIGHTEN PANEL WHERE STRAIGHTEN.FRONT FENDER LH, HEADLAMP PANEL, | \$ | 800.00 | 500 |
| 2 | TO PUTTY & SPRAY PAINT ALL AFFECTED AREAS (INNER/OUTER) | \$ | 800.00 | 500 |
| 3 | TO APPLY RUSTPROOFING / TUFFCOATING TREATMENT TO REPLACED PARTS. | \$ | 120.00 | X |
| 4 | COMPUTERISED ALIGNMENT. | \$ | 120.00 | X |
| 5 | TO CHECK REAR WIRES, CONNECTORS, REPLACE DAMAGED LAMPS. | \$ | 80.00 | 30 |

LABOUR TOTAL S\$:	\$	1,920.00
TOTAL S\$:	\$	3,787.78
7% GST	\$	265.14
GRAND TOTAL S\$:	\$	4,052.92


17/6/19 Hwee Jia - LKK

13/6/19

\$2700/-

L/S 3days.



5328.65

Prepared By : -

Henry Ng

Motor Claims

TEL: 62524991

EMAIL: henry@lioncityrentals.com.sg

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				
MS FIRST CAPITAL INSURANCE LTD			Ref : CS/FCI19010339/Jqd3s2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 11-07-2019	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHC 8130U	Veh. Inspected	SLQ 1976X	
Policy No.		Coverage (\$)	0.00	
Claim No.	D19003508MFSH	Excess (\$)	0.00	
Assign From	MAY CHUA	Assign Date	10/06/2019	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA PRIUS	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	JTDKB3FU903561553	Colour	WHITE	
Odometer	239461	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	PIRELLI	6 mm	
L/H Front Tyre	195/65 R15	PIRELLI	6 mm	
R/H Rear Tyre	195/65 R15	PIRELLI	6 mm	
L/H Rear Tyre	195/65 R15	PIRELLI	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	26/05/2019	Inspection Date	13/06/2019	
Survey held at	60 JALAN LAM HUAT #04-01 CARROS CENTRE			
Repairer	LION CITY ELECTRIC PTE LTD			
5a. Remarks				
A) DAMAGES CONSISTENT TO ACCIDENT REPORT. B) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. C) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLQ 1976X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT BUMPER	DEFORMED	495.50	495.50
1	FRONT BUMPER SIDE RETAINER	NECESSARY	82.30	82.30
1	FRONT BUMPER FOG LAMP	NOT NECESSARY	350.00	-
1	FRONT BUMPER LOWER GRILLE	NOT NECESSARY	163.40	-
1	FRONT BUMPER REINFORCEMENT	NOT NECESSARY	691.10	-
1	FRONT BUMPER REINFORCEMENT SPONGE	NOT NECESSARY	69.80	-
1	HEADLAMP LH	SCRATCHED	2,550.00	2,550.00
1	HEADLAMP PANEL LH	TO REPAIR SEE LABOUR	76.10	-
	LESS 25% DISCOUNT		-1,119.55	-781.95
			3,358.65	2,345.85
	<u>SPECIAL NETT ITEMS</u>			
1	SET FRONT BUMPER CLIP (SN)	NECESSARY	50.00	30.00
			50.00	30.00
	<u>LABOUR</u>			
	TO REMOVE ACCIDENT DAMAGED PARTS IN ORDER TO REPAIRS INCLUDING PANEL BEAT, CUT / WELD, STRAIGHTEN PANEL WHERE STRAIGHTEN. FRONT FENDER LH, HEADLAMP PANEL. INCLUSIVE OF THE REPAIR OF HEADLAMP PANEL LH.		800.00	500.00
	TO PUTTY & SPRAY PAINT ALL AFFECTED AREAS (INNER/OUTER)		800.00	500.00
	TO APPLY RUSTPROOFING / TUFFCOATING TREATMENT TO REPLACED PARTS.		120.00	-
	COMPUTERISED ALIGNMENT.		120.00	-
	TO CHECK REAR WIRES, CONNECTORS, REPLACE DAMAGED LAMPS.		80.00	30.00
			-	-
			-	-
			-	-
			1,920.00	1,030.00
	GRAND TOTAL		5,328.65	3,405.85

Report Ref No. CS/FCI19010339/Jqd3s2



RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			2,700.00
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Report Ref No. CS/FCI19010339/Jqd3s2

ONG HWEE JIE

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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