

REF: CS 1FCI19010520/PH03³² Special Instructions:

Assigner: Rasu

ASSIGNMENT (Office)

(WS)

From (Person): Henry Kao

of

FCI

Date/Time: 13/6/19 @ 3.58pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

FBP 6491T

Insured:

SHA8616X

at Workshop m/s

AM Motor Werkz

Tel: 8468 4820

of

50 Serangoon North Ave 4 #05-10

Policy No:

Claim No:

D19003762MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

6/6/2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

(up)

H.O.D. Endorsement:

Date/Time:

4.44pm @ 13/6/19

Person Contacted:

Azari

Vehicle IN/OUT

Date/Time

Action/Instruction

1. Initial

FBP 6491T-X

SHA 8616X-03 / OBE1800/714 / klhb3n2

DUA, 26/1/2018

19/6-

Revised preli advise. via email.

23/8-

Part by part \$262 (Red 986; 79%)

Surveyor

Paul

REF:

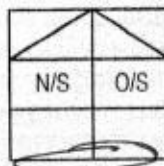
2768H

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: F6P 6491T
 at Workshop m/s AM WEEK 2
 of 50, SCRAMHORN NORTH AVE 4 Hrs - 10
 Insured: FCI
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: F6P 6491T Yr Regn: 2019 / MAY
 Type: M.Car / ☒ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: YAMAHA GORISSA c.c. : 155
 Colour: BLACK A/C: Insured / Std / NI / NA
 Sp. Reading: 2318 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: M4 3SGA 640K50 55670
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Order / Jammed / Leaked / Burnt or
 Brake: Order / Jammed / Leaked / Burnt or
 Modi: Nil / SRim / STD A/Rim or
 Tyre Size: F: 110/80-14
 R: 140/70-14
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or IRC
 Front _____ Rear _____
 R/Bal. 3 mm R/Bal. 4 mm
 L/Bal. _____ mm L/Bal. _____ mm
 D.O.A. 06/06/19 D.O.I. 17/06/19
 Survey held at AM WEEK 2
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

RECEIVED 26 AUG 2019

Date/Time, File Pass to?

1) 23/8 Typist

Date/Time, File Return to?

2) _____

☐ : Preli. Report☒ : Final ReportDays Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)Survey Fee: 100Transportation: 50S + RS, SI 50Photos 20

Others _____

TOTAL

220

Report Format:

Lump Sum / I.B. (\$) 262

MOTOR SURVEY ASSIGNMENT

Date	10-06-2019	Our Ref No. D19003762MFSH
Accident Date	06-06-2019	Claim Type. Third Party
Insured Vehicle	SHA8616X	Third Party Vehicle. FBP6491T
Survey Location	50 Serangoon North Avenue 4 #05-10	
Contact Person.	AZARI	
Contact No.	68161646/ 84684820	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	AM MOTOR WERKZ	Attention. NIL
Cc : TP Solicitor	CATHERINE LIM LLC	TP Solicitor Fax No. NA
Officer Incharge	HENRY KAO	

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.

Denise Tay (LKKAuto)

From: Denise Tay (LKKAuto)
Sent: Tuesday, 18 June 2019 4:24 PM
To: Admin-D (LKKAuto); 'CWS Motor Claims'; assignments
Cc: 'Henry Kao Cai Jie'; SUR
Subject: RE: SURVEY ASSESSMENT - D19003762MFSH/1
Attachments: PRELI ADVISED FBP 6491T.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle **FBP 6491T**

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Admin-D (LKKAuto)
Sent: Thursday, 13 June 2019 4:47 PM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: 'Henry Kao Cai Jie' <HenryKao@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D19003762MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed that vehicle is not in the workshop, repairer will arrange.

Best Regards,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@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: Thursday, 13 June 2019 3:58 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Henry Kao Cai Jie <HenryKao@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D19003762MFSH/1



Auto
Consultants
Pte Ltd

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

Your Ref: D19003762MFSH

Date: 18/06/2019

Our Ref: CS/FCI19010520/R1td3

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

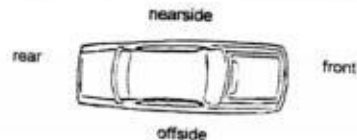
INITIAL INSPECTION REPORT OF VEHICLE NO. FBP 6491T

Please be informed that we had conducted the inspection of the abovementioned vehicle 17/06/2019 at the premises of M/s AM Motor have the following to report: -

Workshop Estimate Amount	: S\$	<u>1,248.00</u>
Revised Estimate Amount	: S\$	<u>212.00</u>
"Check" Items Amount	: S\$	<u>0.00</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
Rear portion.



Comments/ Present Status:

Damages Consistent.

Yours faithfully

Rasul

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	07/06/2019 13:52
Date Of Accident	06/06/2019 19:20
Exact Location Of Accident	TAMPINES CANTRAL 4 TOWARDS TAMPINES CENTRAL 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP6491T
Insured/Policyholder	
Name Of Registered Owner	AZMI BIN IBRAHIM
NRIC No	S8202768H
Email Address	VESPABROTHERS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87421757
Alternative Phone No	OFFICE-87421757

Vehicle Particulars

Manufacturer	YAMAHA
Model	GDR155A (AEROX)
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	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	D19MTMC01003840
Cover Note Number	

Driver

Name of Driver	AZMI BIN IBRAHIM
NRIC No	S8202768H
Date Of Birth	13/02/1982
Occupation	INDOOR
Date Of Driving Pass	03/04/2008
Driving Experience	11 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87421757
Fax Number	
Contact Number	OFFICE-87421757
Email Address	VESPABROTHERS@GMAIL.COM

Address	NIL
Postcode	
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	-
	-
	-
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 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 DRIVING ALONG TAMPINES CENTRAL 4 TOWARDS TAMPINES CENTRAL 1 . WHEN THE TRAFFIC IN FRONT HEAVY , I STATIONARY MY BIKE FOR WAITING . SUDDENLY VEHICLE B KNOCKED ONTO REAR OF MY VEHICLE .

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	SHA8616X
Vehicle Make/Model/Colour	HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	UNKNOWN DRIVER
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	AZMI BIN IBRAHIM
------	------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBP6491T

Were seat belts worn?

NO

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 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 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 if needed.
8. Consent under the Personal Data Protection Act (PDPA)
 - (a) I understand, acknowledge, agree and consent that:
 - (i) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be 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 me in connection with the accident (collectively the "Personal Information") and disclose and transfer such Personal Information to all Insurer(s) who have insured my 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");
 - (ii) all Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
 - (iii) my Personal Information may also 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.

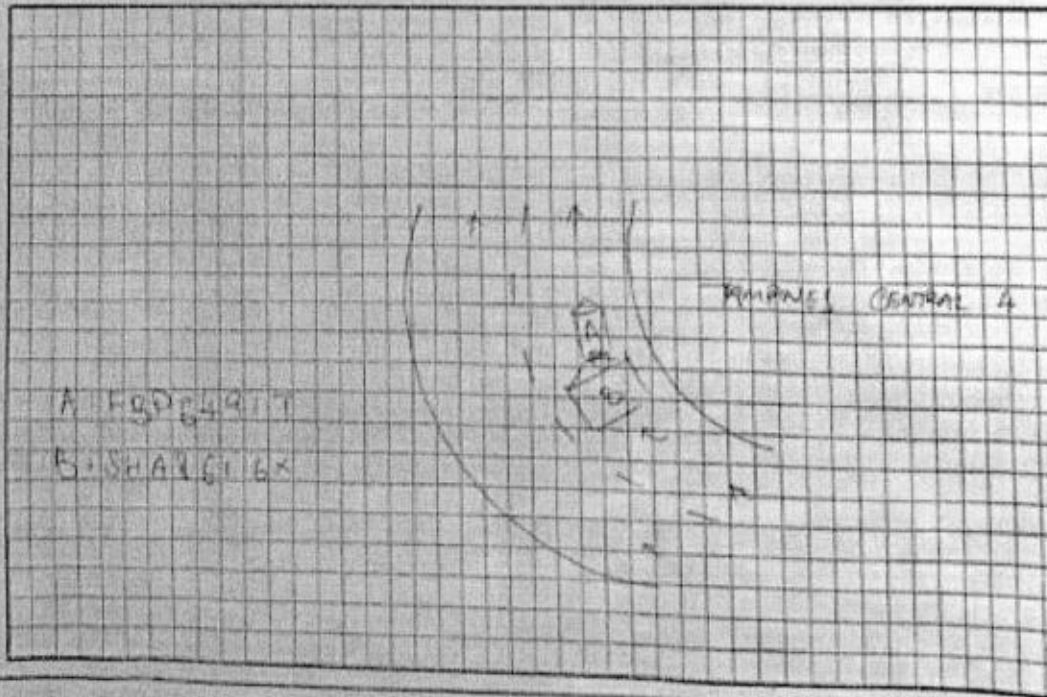
VERIFIED BY AJAX MARS
REPORTING OFFICER
JUN KEAT

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

I WAS DRIVING ALONG TAMPINES CENTRAL 4 TOWARDS TAMPINES CENTRAL 1 . WHEN THE TRAFFIC IN FRONT HEAVY , I STATIONARY MY BIKE FOR WAITING . SUDDENLY VEHICLE B KNOCKED ONTO REAR OF MY VEHICLE . NO INJURIES INVOLVED.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
WONG JUN KEAT



MARS Officer

Registered Owner or Driver's Signature

Job Complete Date/Time

7 June 2019 at 1:39 PM

Date/Time:

7 June 2019 at 1:39 PM

NOTICE OF REPORTING

CONFIDENTIAL

NOTICE OF REPORTING

ANNEX E

This is to confirm that AZMI BIN IBRAHIM NRIC/FIN: S8202768H has reported to the Police a non-injury traffic accident which occurred at TAMPINES CENTRAL 4 TOWARDS TAMPINES CENTRAL 1 on 06/06/2019 at 7:20 am/pm involving the

following vehicles:

- a) FBP6491T (Complainant's vehicle)
- b) SHA8616X (The other party)

2. If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic

Act, Cap276

Rank / Name of Issuing Officer: SSGT Chan De Ming

Tampines North NPP
Block 461 Tampines St 44
#01-56 Singapore 520461
Tel: 1800-7818999

Date: 06/06/2019 Time: 2010HRS

S/D Ref: eSD41

Police Post /Unit: Tampines North NPP

Original - to be issued to complainant
Duplicate - to be submitted to Traffic Police

CONFIDENTIAL

Version as of 15 Sep 2000

CHOONG'S CLINIC

鍾氏藥房

No. 189564

☐ BLK 21, OLD AIRPORT ROAD, #01-97, SINGAPORE 390021, TEL 63442400
☒ BLK 480, TAMPINES STREET 44, #01-261, SINGAPORE 520480, TEL 67885190

MEDICAL CERTIFICATE

Date 7/6/19

This is to certify that ARM, BIN I BRAHIM

Ref No. S82027684 of (Dept)

is being treated by me and is unfit for duty for TWO day(s)

on 7/6/19 to 8/6/19 inclusive.

Remarks: BACKSPRAIN

DR. CHONG HOI WAH
 MBBS (S'PORE)
 MRCP (UK)

Name of Doctor:

Signature:

*This certificate is not valid for absence from court or other judicial proceedings unless specifically sta

RECEIPT

CHOONG'S CLINIC
鍾氏藥房

No. 180873

☐ BLK 21, OLD AIRPORT ROAD, #01-97, SINGAPORE 380021 TEL: 63442400
☒ BLK 480, TAMPINES STREET 44, #01-251, SINGAPORE 520480 TEL: 67835190

NAME: Azmi Bin Ibrahim

REF NO: 5830-76311

Received from the abovenamed the amount of
for the following services rendered:

S 14.00
copy

- ☒ CONSULTATION R27.50
- ☒ MEDICATION Varicella R2.00
- ☐ LABORATORY Anger R2.00
- ☐ PROCEDURE Furuncul R1.00
- ☐ REMARKS Go Subsidy R18.50

C. Wong

7.6.19

SIGNATURE

DATE



CLINIC STAMP

AM MOTORWERKZ PTE LTD
 UEN : 201901455H
 50 SERANGOON NORTH AVENUE 4
 #05-10 FIRST CENTRE SINGAPORE 555856
 Hp: 85716178/84684820/88666879
 Tel: 68161646
 azari@ammotorwerkz.com
 jasmine@ammotorwerkz.com



Ref: CL/190628/T/AMW.SG
 Date: 18TH June 2019
 Vechical No: FBP6491T

Rev 0

Repair Quotation

PART DISCRPTION / REPLACEMENT	QTY	Estimate Price	
Swing Arm X nn	1 pcs	\$ 295.00	
Rear Mudguard 5 scr -	1 pcs	\$ 180.00	180
Exhaust X nn	1 pcs	\$ 120.00	102
Body Alignment X nn	1 set	\$ 120.00	162
side panel X nn	1 set	\$ 125.00	
Total		\$ 840.00	
Less 10%		\$ 84.00	
Nett item		\$ 756.00	
Front Number plate X nn	1 pcs	\$ 12.00	
Total Parts		\$ 768.00	
Rear brake disc alignment X		\$ 120.00	100
Rear rims alignment X		\$ 80.00	
workmanship 2		\$ 100 50 280.00	
Totals Parts abd labour charge		\$ 1,248.00	162 100 262
Estimate days of repairs		3 days	

Signature
 18/6/19

Rasme
 Hp 90000068



2 days
 P/P

12/06/19 @ 1535


Resing new parts

**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/FCI19010520/R1td3s2		
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 27-08-2019		
		Code : FCI2		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHA 8616X	Veh. Inspected	FBP 6491T	
Policy No.		Coverage (\$)	0.00	
Claim No.	D19003762MFSH	Excess (\$)	0.00	
Assign From	HENRY KAO	Assign Date	13/06/2019	
2. Vehicle Particulars & Condition				
Make & Model	YAMAHA GDR155A	c.c	155	
Engine No.	HIDDEN	Year of Reg.	2019	
Chassis No.	MH3SG4640KJ055670	Colour	BLACK	
Odometer	2318	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	110/80-14	IRC	3 mm	
L/H Front Tyre			mm	
R/H Rear Tyre	140/70-14	IRC	4 mm	
L/H Rear Tyre			mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	06/06/2019	Inspection Date	17/06/2019	
Survey held at	AM MOTOR WERKZ-50 SERANGOON NORTH AVE 4 #05-10			
Repairer	-			
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:		2 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. FBP 6491T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	SWING ARM	NOT NECESSARY	295.00	-
1	REAR MUDGUARD	SCRATCHED	180.00	180.00
1	EXHAUST	NOT NECESSARY	120.00	-
1	SET SIDE PANEL	NOT NECESSARY	125.00	-
	LESS 10% DISCOUNT		-72.00	-18.00
			648.00	162.00
	<u>SPECIAL NETT ITEMS</u>			
1	FRONT NUMBER PLATE (SN)	NOT NECESSARY	12.00	-
			12.00	-
	<u>LABOUR</u>			
	BODY ALIGNMENT.	NOT NECESSARY	108.00	-
	REAR BRAKE ALIGNMENT.	NOT NECESSARY	120.00	-
	REAR RIMS ALIGNMENT.	NOT NECESSARY	80.00	-
	WORKMANSHIP.		280.00	100.00
			588.00	100.00
	GRAND TOTAL		1,248.00	262.00
	RECOMMENDED COST OF REPAIRS			262.00

Report Ref No. CS/FCI19010520/R1td3s2

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

ADRIAN LING WAI PING**B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI**

Licensed Appraiser

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