

108/143

Surveyor: Kalvin

REF: NS/INC19010999/KHd3n2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SGC 2735B

Policy No. 5104992542 (26/10/2018 - 25/10/2019)

Claims No. MT/1040797 - 002

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHA 4397D Yr Regn: 18 Apr 2019

Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~o~~ / Prime Mover /

Truck / Trailer or

Make: Hyundai Zonix C.C. 1560

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 19291 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHC 851 C-VK414160

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: 195/65R15

R: _____

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

TOYO / YOKO or

Front Rear

R/Bal. 8 mm R/Bal. 8 mm

L/Bal. 8 mm L/Bal. 8 mm

D.O.A. 18/6/19 D.O.I. 19/6/19

Survey held at CPGE (Loyang)

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

Rear o/s

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

Date / Time Action / Instruction

SHA 4397D - CSI PCI14014120 / A761

D.O.A - 22/07/2014

INC

SGC 2735B - X

PIP

24/6/19 Claim PIP \$821.10 / 2 Pys. (Red: 1484.26; 64%)

RECEIVED 25 JUN 2019

Date/Time, File Pass to?

1) 25/6 Typist

Date/Time, File Return to?

2)

☐ : Preli. Report☒ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Notes

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Other (\$

Read & Forward:

TP
0 831.10

160

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Vehicle No. (For Motor)

Date of Accident

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5104992542		GOVINDARAJU S/O RAMAN	S2644659G	GPC	drive CLASSIC	SGC2735B	SGC2735B	26/10/2018	25/10/2019

Denise Tay (LKKAUTO)

From: MTCL@income.com.sg
Sent: Tuesday, 25 June 2019 10:38 AM
To: Denise Tay (LKKAUTO)
Subject: FW: REQUEST CLAIM NUMBER

Hi

Claim created.

With Regards

Azlin Rani
Senior Administrator, 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.
Find out more at income.com.sg/careers

in with you

From: Denise Tay (LKKAUTO) [mailto:denisetay@lkkauto.com]
Sent: Monday, 24 June 2019 9:11 AM
To: MTCL@income.com.sg
Subject: REQUEST CLAIM NUMBER

Dear Sir/Madam,

Request claim number

Date : 24/6/2019

S/No		Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1049797-002	Comfort transportation	SHA 4397D	SGC 2735B	18/06/2019	17:45	2315.36	831.10

Best Regards,

Denise Tay | Case Handler
LKK Auto Consultants Pte Ltd

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	19/06/2019 10:44
Date Of Accident	18/06/2019 17:45
Exact Location Of Accident	SLIP RD FROM BALESTIER RD TO CTE CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4397D
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	IONIQ HYBRID

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 TAXI

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

Driver

Name of Driver	LEE CHENG POH
NRIC No	S1150460D
Date Of Birth	28/07/1956
Occupation	OUTDOOR
Date Of Driving Pass	07/07/1976
Driving Experience	42 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97386900
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 157 LORONG 1 TOA PAYOH #02-1221
Postcode	310157
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
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?	NO
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)	2
Passenger 1	NAME: : -
	GENDER: : FEMALE

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

PLS REFER TO ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGC2735B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOVINDARAJU S/O RAMAN
NRIC/Passport Number	S2644659G
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

IMPORTANT NOTICE

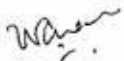
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may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


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 (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.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303021R

Policyholder's Signature
Date & Time:

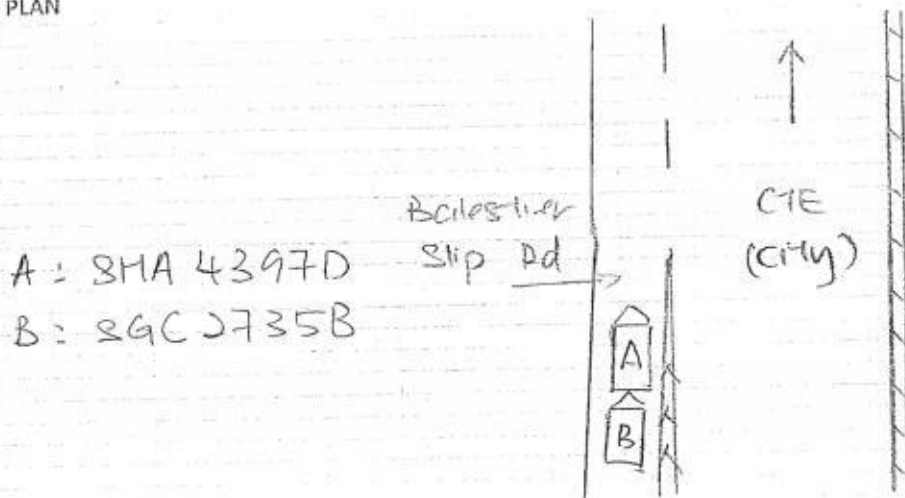

Driver's Signature
(If driver is not the policyholder)
Date & Time:

 17/6/19
Reporting Centre Personnel's Signature
Name: Loke Wei Yieng
NRIC/FIN No.:

4. 5
5. 6

6. 7
7. 8

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/6/19 at about 17:45 hrs. I was driving at above said location with a female pax onboard. Shortly veh in front brake to stop and I doing so. Suddenly I felt an impact from behind followed by a jerk. I went down to have a check and found veh B it front portion collided onto the rear portion of my taxi. No injury reported in this accident.

DECLARATION

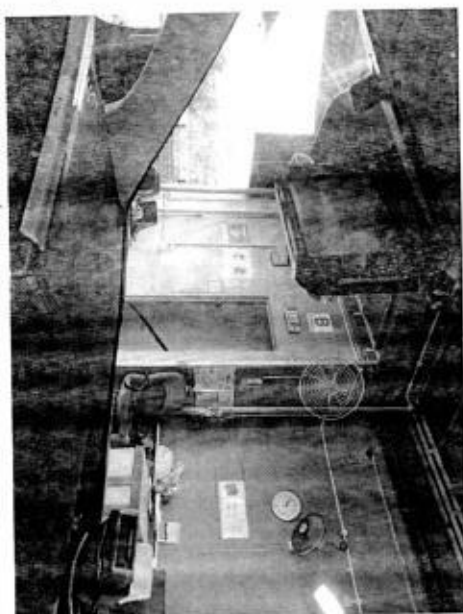
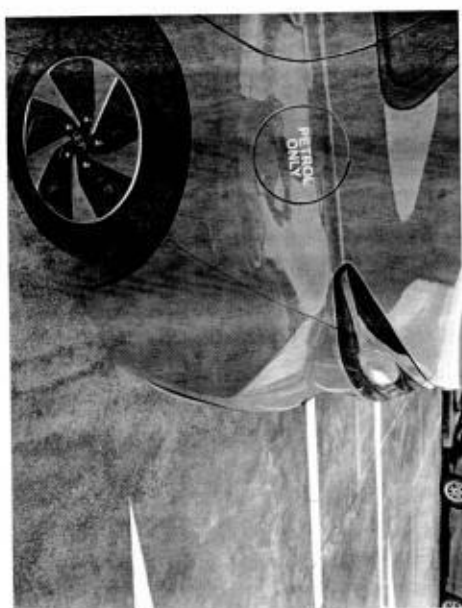
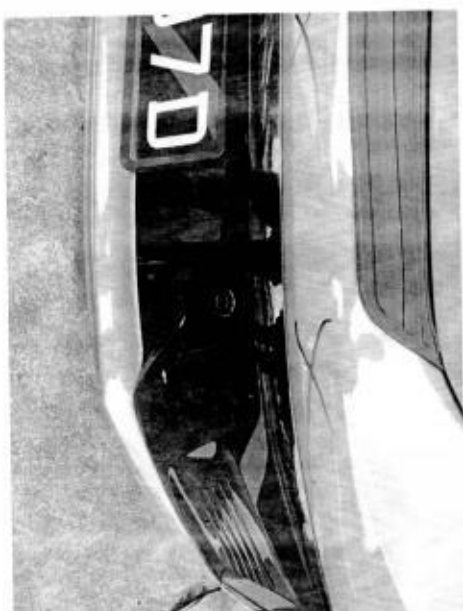
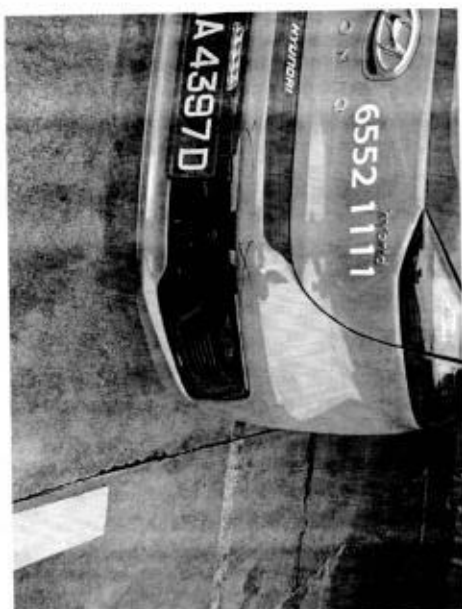
I/We declare the foregoing particulars are true in every respect.

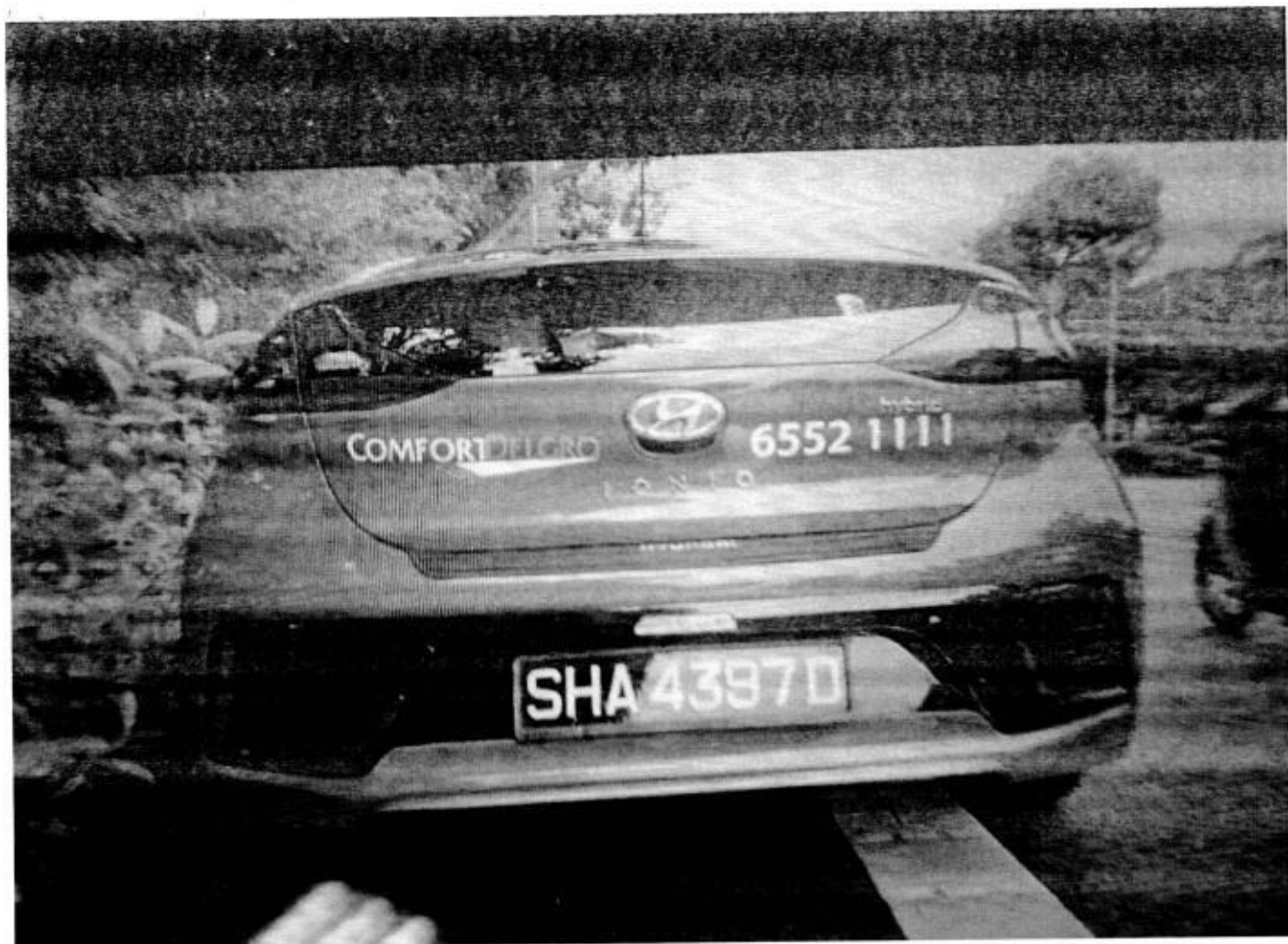
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Loke Wei Yieng
NRIC/FIN No.:





COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 4397D

DATE : 19.06.2019

MAKE :

MODEL : HYUNDAI IONIQ

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>X repair</i>			\$ 459.40
	Rear Bumper Centre Moulding Assy <i>- Detail</i>			\$ 451.25
	Rear Bumper Lower Centre Moulding Assy <i>X</i>			\$ 47.50
	Rear Bumper Stay (LH/RH) <i>X</i>			\$ 138.10
	Rear Bumper Side Bracket (LH/RH) <i>X</i>		\$ 33.10	\$ 66.20
	Rear Bumper Cover Clips <i>X</i>			\$ 22.00
	SUB TOTAL			\$ 1,184.45
	LESS 20%			\$ 236.89
	DISCOUNTED TOTAL			\$ 947.56
	Rear No. Plate <i>✓</i>		<i>-10%</i>	\$ 25.00
	Rear No. Plate Trim Cover <i>X</i>			\$ 30.00
	Rear Bumper Reverse Sensor <i>X</i>			\$ 135.70
	Rear Bumper Reserve Sensor <i>X</i>			\$ 257.10
	Rear Bumper Rubber Mat <i>X</i>			\$ 50.00
				\$ 497.80
	Labour Charge			
	Panel Beating			\$ 400.00 <i>200</i>
	Spray Painting Charge			\$ 300.00 <i>200</i>
	Wiring Charge			\$ 50.00 <i>X 10</i>
	Remove/Refix Reverse Sensor			\$ 120.00 <i>X 20</i>
	TOTAL LABOUR			\$ 870.00
	ESTIMATE TOTAL			\$ 2,315.36

Ka Li 16/11/19
19/6/19 1400h
2 Dr
P/P
After Prd p/la



This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

COMFORT

Date/Time: 19.06.2019 11:50

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JO NO: 305304673

OWNER: COMFORT TRANSPORTATION PTE LTD
 OWNER NO: 7010045
 ADDRESS: 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 (R) 65508755 (C)

REGN NO:	SHA4397D	MILEAGE
MAKE:	HYUNDAI	FUEL E.....1/2.....F
MODEL	IONIQ(G2)	DATE/TIME IN 19.06.2019 09:45
YR OF MANU	18.04.2019	TARGET DATE
CHASSIS CODE	KMHC851CVKU141685	COMPLETION DATE/TIME

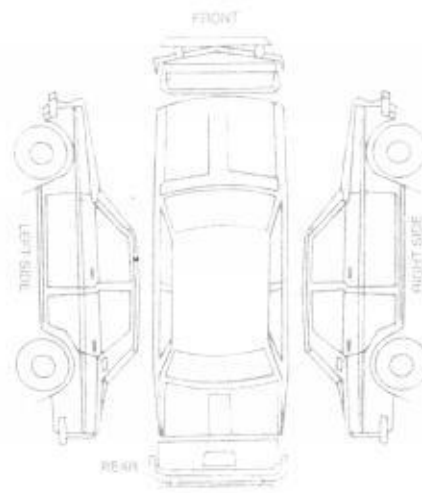
NTUC

IDENT CARD NO:

JOB DESCRIPTION

Accident Date: 18.06.2019
 NATURE: 3P 18.06.2019

S/NO LABOR CODE DESCRIPTION



RECEIVED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Signature Slip

Exit Pass

Vehicle No.: SHA4397D

LKE

Vehicle No.:

SHA4397D

Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

Date: 22.06.2019

REPAIR ESTIMATE

Time: 14:40:21

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305304673
REGN NO : SHA4397D
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 18.04.2019
DATE/TIME IN : 19.06.2019 09:45
ACCIDENT DATE : 18.06.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2533-G IONIQV2 MOULDING ASSY-RR 1 L 451.25 20.00 361.00

0002 04-01-0101-0111-G HYUNDAI BUMPER COVER CLIP 10 L 22.00 20.00 17.60

0003 FNPS NO PLATE(S) 1 N 25.00 10.00 22.50

SUB-TOTAL : 401.10

JOB NATURE

0000 L PANEL BEATING 200.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 200.00

0002 20-22 REMOVE/REFIX REVERSE SENSOR 30.00

SUB-TOTAL : 430.00

TOTAL : 831.10

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive, Singapore 508969
Fax: 6546 8156

Our Job Ref No 305304673
Date 22.06.19

FINALIZATION FORM

To : LKK
Attn : Mr KALVIN ANG
Vehicle Reg No. SHA4397D CTPL

Fax :
18.06.19


The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-


1. The repair job shall bill to: NTUC SGC2735B
2. The finalized amount shall be:

(a) Spare Parts after List discount	<u>\$401.10</u>
(b) Labour Charges	<u>\$430.00</u>
Total for Part-By-Part Repair Cost	<u>\$831.10</u>
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less:	<u>20%</u>
Final Lumpsum Repair cost	

3. Estimated normal period for repairs: 2 working days.
4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 
Name : LIM KWOK ENG
Tel : 62148316
Fax : 65468156

Signature : 
Name : Kalvin
Date : 24/6/19

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		NO		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:



National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC19010899/K1td3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 27-06-2019



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SGC 2735B	Veh. Inspected	SHA 4397D
Policy No.	5104992542	Coverage (\$)	0.00
Claim No.	MT/1049797-002	Excess (\$)	0.00
Assign From		Assign Date	19/06/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	KMHC851CVKU141685	Colour	BLUE
Odometer	19291	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65 R15	MICHELIN	8 mm
L/H Front Tyre	195/65 R15	MICHELIN	8 mm
R/H Rear Tyre	195/65 R15	MICHELIN	8 mm
L/H Rear Tyre	195/65 R15	MICHELIN	8 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	18/06/2019	Inspection Date	19/06/2019
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

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:	2 Working Days
-------------------------------------	----------------

**National Assessment Centre Services**

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

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



Page No.: 1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 4397D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	TO REPAIR SEE LABOUR	459.40	-
1	REAR BUMPER CENTRE MOULDING ASSY	DEFORMED	451.25	451.25
1	REAR BUMPER LOWER CENTRE MOULDING ASSY	SERVICEABLE	47.50	-
2	REAR BUMPER STAY (LH/RH)	SERVICEABLE	138.10	-
2	REAR BUMPER SIDE BRACKET (LH/RH) @\$33.10	SERVICEABLE	66.20	-
10	REAR BUMPER COVER CLIPS	NECESSARY	22.00	22.00
	LESS 20% DISCOUNT		-236.89	-94.65
			947.56	378.60
<u>NETT ITEMS</u>				
1	REAR NO. PLATE (N)	CRACKED	25.00	25.00
1	REAR NO. PLATE TRIM COVER (N)	SERVICEABLE	30.00	-
1	REAR BUMPER REVERSE SENSOR (N)	SERVICEABLE	135.70	-
1	REAR BUMPER REVERSE SENSOR (N)	SERVICEABLE	257.10	-
1	REAR BUMPER RUBBER MAT (N)	NOT NECESSARY	50.00	-
	LESS 10% DISCOUNT		-	-2.50
			497.80	22.50
<u>LABOUR</u>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR BUMPER.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	REMOVE / REFIX REVERSE SENSOR.		120.00	30.00
	-		-	-
	-		-	-
	-		-	-
			870.00	430.00
GRAND TOTAL			2,315.36	831.10
RECOMMENDED COST OF REPAIRS (CONFIRMED)				831.10

Report Ref No. NS/INC19010899/K1td3n2

Report Ref No. NS/INC19010899/K1td3n2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

A handwritten signature in black ink, appearing to be "K.K. LAU".

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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