

108/1243

Surname: KalvinREF: NS/INC19011045/19cd3n2

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspected Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

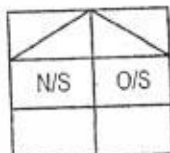
Insured: SSY 9760EPolicy No: 508441259-02 (19/10/2018-18/10/2019)Claims No: MT/1050148-002

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

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SHC 8712R Yr Regn: "Dec, 2018"  
Type: M.Car / M.Cycle / Bus / Van / Lorry / 6 / Prime Mover /

Truck / Trailer or

Make: Hyundai Zing C.C. 1580Colour: Blue A/C: 6 Insured / Std / NI / NASp. Reading: 7652 T/Radio: 0 Insured / Std / NI / NA

Eng/No.: \_\_\_\_\_

C/No: KMHC851CVK4122295Gen. Cond: Good / 6 / Poor / BurntSteering: In order / 6 / Jammed / Leaked / Burnt orBrake: In order / 6 / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/65R15

R: \_\_\_\_\_

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

TOYO / YOKO or Navanti

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 8 mm R/Bal. 8 mmL/Bal. 8 mm L/Bal. 8 mmD.O.A. 20/6/19 D.O.I. 21/6/19Survey held at CPGE (Loyang)

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

Rear N/S

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

Date / Time	Action / Instruction
	SHC 8712R - CC4/TJ 19005375 / D 9b3 DOA - 24/03/2019 <u>Inc</u>
	SSY 9760E - CS/PCJ 16006833 / V+bc 2 DOA - 12/04/2016 <u>PR</u>
24/6/19	Chnl PR \$1151.02 / 2 PR. (Red 6897.74, 43%)

RECEIVED 26 JUN 2019

Date/Time, File Pass to? ☐ : Preli. Report1) 26/6/2019 ☐ : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech Insp (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S + RS: 160

Photos \_\_\_\_\_

Others \_\_\_\_\_

Rec'd Format: 7P1151.02

## Shiau Chan (LKKAUTO)

---

**From:** MTCL@income.com.sg  
**Sent:** Tuesday, 25 June 2019 7:25 PM  
**To:** Shiau Chan (LKKAUTO)  
**Subject:** FW: REQUEST CLAIMS NUMBER

Hi

All claim created

With Regards

**Azlin Rani**  
Senior Administrator, Motor Insurance  
[www.income.com.sg](http://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](http://income.com.sg/careers)

**in** with you

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**From:** Shiau Chan (LKKAUTO) [mailto:[siewsc@lkkauto.com](mailto:siewsc@lkkauto.com)]  
**Sent:** Tuesday, 25 June 2019 9:55 AM  
**To:** MTCL@income.com.sg  
**Subject:** REQUEST CLAIMS NUMBER

Dear Sir/Madam,

Please refer to the below:

### TP Claims against NTUC Income: Follow-Through Survey

Date : 25/06/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	D
1	MT/1050148-002	COMFORT TRANSPORTATION PTE LTD	SHC 8712R	SJY 9760E	
2	MT/1049911-002	COMFORT TRANSPORTATION PTE LTD	SH 9836D	SKE 219E	

Best Regards,

**Shiau Chan (Ms)** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [siewsc@lkkauto.com](mailto:siewsc@lkkauto.com) | fax: 6256-4315

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

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.  Date of Accident   
Vehicle No.(For Motor)  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"/>	5084411259-02		LIM CHAN WAH	S1516022E	GPC	drive CLASSIC	SJY9760E	SJY9760E	19/10/2018	18/10/2019

## 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	20/06/2019 15:46
Date Of Accident	20/06/2019 14:00
Exact Location Of Accident	BKE (WOODLANDS ) W'LANDS AVE 3 EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8712R
<b>Insured/Policyholder</b>	
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

### Driver

Name of Driver	LEE KEE CHENG
NRIC No	S0092838J
Date Of Birth	22/12/1951
Occupation	OUTDOOR
Date Of Driving Pass	16/11/1973
Driving Experience	45 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90713185
Fax Number	
Contact Number	
Email Address	LI_YANBING@HOTMAIL.COM

Address	BLK 432 JURONG WEST STREET 42 #11-574
Postcode	640432
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	RAINING
Road Surface	WET

#### 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)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	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

REFER 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	SJY9760E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

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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.
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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.

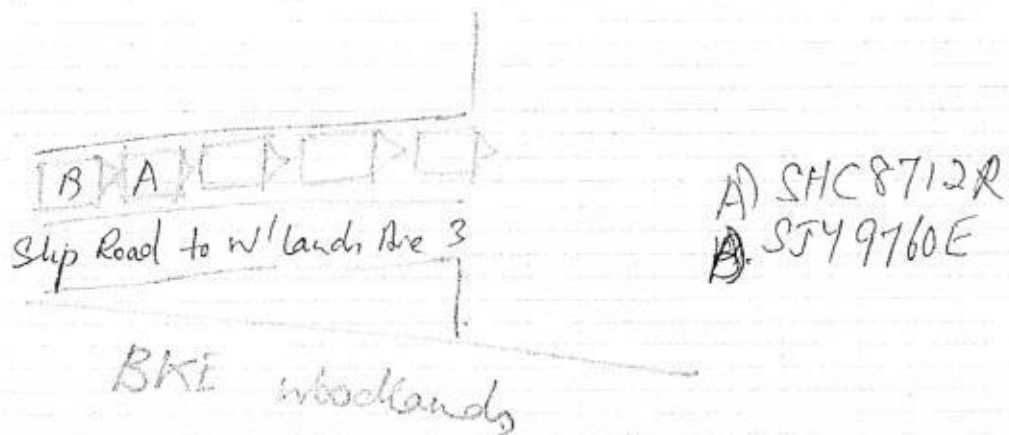
COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

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.:

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20/6/19 at about 1400hrs when I Veh A was waiting behind others along the slip road, Veh B collided onto the rear of my stationary vehicle.

## DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 189303821R

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.:

**COMFORTDELGRO ENGINEERING PTE LTD**  
**REPAIR ESTIMATE\***

VEHICLE NO : SHC 8712R

DATE 21/6/2019

MAKE :

MODEL : HYUNDAI IONIQ

NTUC-CPID

LKK - kalvin

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 459.40
	Rear Bumper Centre Moulding Assy			\$ 451.25
	Rear Bumper Lower Centre Moulding Assy			\$ 47.50
	Rear Bumper Stay			\$ 138.10
	Rear Bumper Side Bracket (LH/RH)		\$ 33.10	\$ 66.20
	Rear Bumper Cover Clips			\$ 22.00
	<b>SUB TOTAL</b>			<b>\$ 1,184.45</b>
	<b>LESS 20%</b>			<b>\$ 236.89</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 947.56</b>
	Rear No. Plate			\$ 25.00
	Rear Bumper Rubber Mat			\$ 50.00
	Reverse Sensor			\$ 75.00
	<b>Labour Charge</b>			<b>\$ 400.00</b>
	Panel Beating			\$ 300.00
	Spray Painting Charge			\$ 50.00
	Wiring Charge			\$ 120.00
	Remove/Refix Reverse Sensor			
	<b>TOTAL LABOUR</b>			<b>\$ 870.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 1,892.56</b>

LKK Auto Consultants hence notify the Repairer of the following:

- To reserve before/after spray painting
- To apply damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- Not illegal modification is allowed
- Supplementary charges must be resurveyed and subject to final approval from insurance Company

Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

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.

2028.76

Date/Time: 20.06.2019 16:37 Page : 1

Team: ARC Repair TP(CLS0)1

## JOB CARD

Sales Order:

JC NO.: 305305084

OWNER

S: COMFORT TRANSPORTATION PTE LTD

OWNER NO: 7010045

ESS: 383 SIN MING DRIVE  
Singapore SINGAPORE 575717

(R) 65508755

(O)

(P)

UNIT CARD NO.

REGN NO:

SHC8712R

MILEAGE

MAKE:

HYUNDAI

FUEL

E 1/2 F

MODEL

IONIQ(G2)

DATE/TIME IN:

20.06.2019 15:00

YR OF MANU.

11.12.2018

TARGET DATE

CHASSIS CODE

KMHC851CVKU122295

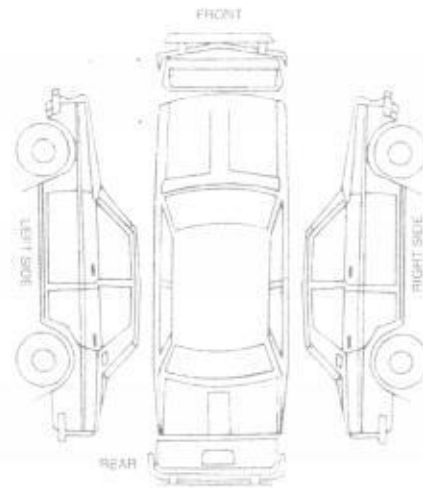
COMPLETION DATE/TIME:

## JOB DESCRIPTION

Accident Date: 20.06.2019

NATURE: 3P 20.06.19

S/NO LABOR CODE DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

Vehicle No: SHC8712R

LIMITS

Vehicle No:

SHC8712R

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

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

JOB NO : 305305084  
REGN NO : SHC8712R  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : IONIQ(G2)  
DATE OF REGN : 11.12.2018  
DATE/TIME IN : 20.06.2019 15:00  
ACCIDENT DATE : 20.06.2019

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0104-2533-G REAR BUMPER CENTRE MOULDING 1 451.25 20.00 361.00

0002 FNPS NO PLATE(S) 1 N 25.00 10.00 22.50

0003 04-01-0104-2282-G REAR BUMPER 1 459.40 20.00 367.52

SUB-TOTAL : 751.02

## JOB NATURE

0000 PB PANEL BEATING 200.00

0001 SP SPRAYPAINT CHARGE 200.00

SUB-TOTAL : 400.00

TOTAL : 1,151.02

MVA NAME &amp; SIGNATURE

DATE :

SURVEYOR NAME &amp; SIGNATURE

DATE :

AUTHORISED : YES / NO

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305305084

Date : 24/06/19

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHC8712R

Date of Accident : 20-Jun-19

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

1. The repair job shall bill to: NTUC --- SJY9760E

2. The finalized amount shall be:

(a) Spare Parts after List discount \$751.02

(b) Labour Charges \$400.00

**Total for Part-By-Part Repair Cost \$1,151.02**

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20%

**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 : 

Signature : 

Name : LIM T S

Name : KALVIN

Tel : 62148398

Date : 24/6/19

Fax : 65468156

## 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/INC19011045/K1qd3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 27-06-2019  
189556



Code: INC4

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJY 9760E	Veh. Inspected	SHC 8712R
Policy No.	5084411259-02	Coverage (\$)	0.00
Claim No.	MT/1050148-002	Excess (\$)	0.00
Assign From		Assign Date	21/06/2019

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	KMHC851CVKU122295	Colour	BLUE
Odometer	76542	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	DAVANTI	8 mm
L/H Front Tyre	195/65 R15	DAVANTI	8 mm
R/H Rear Tyre	195/65 R15	DAVANTI	8 mm
L/H Rear Tyre	195/65 R15	DAVANTI	8 mm

### 4. Description of Damages

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

### 5. General Information

Accident Date	20/06/2019	Inspection Date	21/06/2019
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.
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### 5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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## 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 1

### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 8712R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR BUMPER	CRACKED	459.40	459.40
1	REAR BUMPER CENTRE MOULDING ASSY	DEFORMED	451.25	451.25
1	REAR BUMPER LOWER CENTRE MOULDING ASSY	SERVICEABLE	47.50	-
1	REAR BUMPER STAY	SERVICEABLE	138.10	-
2	REAR BUMPER SIDE BRACKET (LH/RH) @\$33.10	SERVICEABLE	66.20	-
10	REAR BUMPER COVER CLIPS	NOT NECESSARY	22.00	-
	LESS 20% DISCOUNT		-236.89	-182.13
			947.56	728.52
<b>NETT ITEMS</b>				
1	REAR NO. PLATE (N)	CRACKED	25.00	25.00
1	REAR BUMPER RUBBER MAT (N)	NOT NECESSARY	50.00	-
1	REVERSE SENSOR (N)	SERVICEABLE	135.70	-
	LESS 10% DISCOUNT		-	-2.50
			210.70	22.50
<b>LABOUR</b>				
	PANEL BEATING.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	REMOVE / REFIX REVERSE SENSOR.	NOT NECESSARY	120.00	-
			870.00	400.00
<b>GRAND TOTAL</b>			<b>2,028.26</b>	<b>1,151.02</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>1,151.02</b>

Report Ref No. NS/INC19011045/K1qd3n2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

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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