

Surveyor

REF: CS1/EQI19012076/TLS f302

Special Instruction:

Part by part: \$ 20,666.85

ASSIGNMENT (Office)

From (Person): Joel Goh of GQI Date/Time: 21/5/2019

Third Parties:

Estimated Cost: Bill to:

Claimant:

Surveyor: Vicon Assessment

Workshop: Comfort Delgro (Brudell)

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SBS 6125K Insured: GBB 4186L

at Workshop m/s of Comfort Delgro 205 Brudell Road Tel:

Policy No: Claim No: DM18HO01491

Sum Insured: Excess:

Make of Veh: D.O.A. 11/06/2018

(Client's Record)

H.O.D. Endorsement/Date:

Date/Time: Person Contacted: Vehicle IN / OUT

Date/Time: Confirmed with Final Fig days (Red S 1 %; Original 10 days)

Date/Time: 27/08/19 Submit Final Fig \$20666.85, 10 days (Red S 0-10 %; Original 10 days)

Date/Time	Action/Instruction
	SBS 6125K - X
	(GBB 4186L) - NA/EQI/80/0662/1K1
	27/8/19
	DOA: 11/6/2018
	URGENT
	RECEIVED 03 SEP 2018

Para(1) : Parts found not replaced (To highlight R or UB, LR, Etc)

Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)

Para(3) : Nett Value

Market Value : _____

Salvage Value : _____

Nett Value : _____

Inspected/
Evaluated by:

Fee Charged:

Basic & Add

Transport

Photos

Others

Total

Date:

150
150

- 1) Date/Time _____ File Pass to _____
- 2) Date/Time _____ File Return to _____
- 3) Date/Time _____ File Pass to _____
- 4) Date/Time _____ File Return to _____
- 5) Date/Time _____ File Pass to _____
- 6) Date/Time _____ File Return to _____

Nivitha (LKK Auto)

From: Joel Goh <joel.goh@eqinsurance.com.sg>
Sent: Tuesday, 21 May 2019 4:20 PM
To: assignments
Subject: PAPER SURVEY FOR SBS6125K (EQ: DM18HO01491 // GBB4186L)
Attachments: 21052019155919-0001.pdf; SBS6125K.PDF; GBB4186L.PDF

Dear LKK

Attached survey report and accident reports for your attention.
Please assist to conduct paper survey for this matter soonest.

Best Regards,

Joel Goh
Executive | Claims



EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110
did 65 6500 6772 | tel 65 6223 9433 ext 772 | fax 65 6223 4190
www.eqinsurance.com.sg

 A Member of Citystate

Privileged/Confidential information may be contained in this message. If you are not the intended recipient, please notify the sender immediately by email.

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 willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
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	25/06/2018 11:40
Date Of Accident	11/06/2018 09:30
Exact Location Of Accident	TPE AFTER LORONG HALUS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS6125K
Insured/Policyholder	
Name Of Registered Owner	SBS TRANSIT
Co Reg No	199206653M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63837805

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CITARO O530, SD, AC, 2 AXLE

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? YES

If No, Please state action to be taken

Vehicle Category	BUS
------------------	-----

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	ACT
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	KHEW BOON PING
Passport No/FIN	8582717J
Date Of Birth	23/11/1985
Occupation	OUTDOOR
Date Of Driving Pass	09/06/2017
Driving Experience	1 YEAR AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91567987
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address BLK 303C ANCHORVALE LINK #09-122 POSTAL CODE : 543303
 Postcode
 Was driver an employee of the Insured's Company YES
 If No, Relationship of the Driver with the Insured
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident CHAIN COLLISION
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles involved in the accident
 Was any body injured in the Accident? YES
 Was any injured conveyed to hospital by ambulance? YES
 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) 30

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 POLICE STATION NAME [OTHER] T/20180611/2118
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

The front vehicles suddenly slow down and I also slow down. At this juncture I heard a pong sound and I stopped to check. I then saw a van had collided onto a lorry and the lorry in turn then collided onto the rear of my bus causing a chain collision The lorry driver & van driver were injured and I reported to OCC. Ambulance arrived and conveyed both drivers to CGH. No pax from my bus was injured. Police & our IO attended the case. After investigation my bus was towed to depot by CRS truck. That's all

Attachment(s)

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
 Was there any video captured by Car Camera? NO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBB4186L
 Vehicle Make/Model/Colour
 Details Of Properties FRONT & REAR PANEL DAMAGED
 Vehicle Category GOODS VEHICLE
 Name of Driver SUBBAIAH SHANMUGAM
 NRIC/Passport Number 0 31952638
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	PC564J
Vehicle Make/Model/Colour	
Details Of Properties	FRONT PANEL DAMAGED
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	JUNIADI BIN HARON
NRIC/Passport Number	S7205527F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	SUBBAIAH SHANMUGAM
Approximate Age	
Injuries Sustain	UNKNOWN
Injured person in which vehicle?	GBB4186L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	JUNIADI BIN HARON
Approximate Age	
Injuries Sustain	UNKNOWN
Injured person in which vehicle?	PC564J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

INSURANCE

W/3437/2018
11/6/18

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. The 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 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 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.

I, 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' law firm/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/real 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' law firm/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 law firm/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

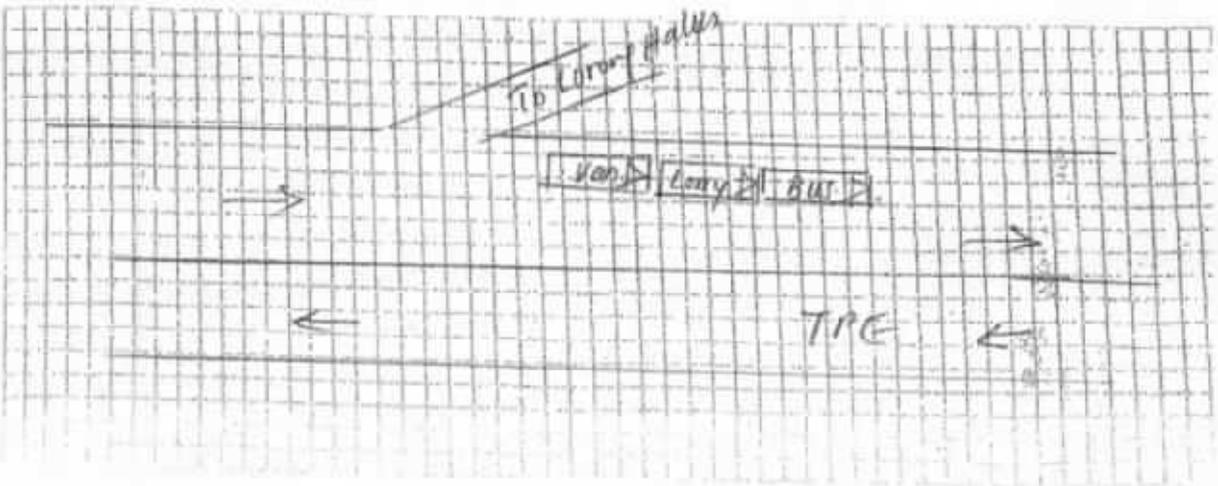
Policyholder's Signature / Date & Time

[Signature] 12/6/18

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Certification for Bus Repairs

CBR REF NO. : HG20184208

Depot : HG Report No.: W34372018 BUS VEHICLE NO. : SBS6125K
 Driver's Co no. & Name : 79213 Khew Boon Ping
 Accident Date : 11/06/2018

Date in : 11/06/2018Date Out : 17/07/2018

Yr Of Reg	Make / Model	Chassis No.
2011	MB Citaro O530, SD, AC, 2 Axle	WEB62808323122069

Stock Code	Description	Quantity	Total Material cost(\$\$)
		0	\$0.00
90082270	STKR SBS TRANSIT RR SD/DD	1	\$6.00
30600021	SIGNAL LED LIGHT;AMBER	1	\$37.00
30600068	BRACKET LH;RR BUMPER	1	\$16.00
30600744	FACE BAR.REAR BUMPER.L/RR FOG LAMP,N/S	1	\$364.00
30311600	JOINT COVER.REAR BUMPER	2	\$230.00
30600743	BUMPER CENTRE.REAR BUMPER COMPL	1	\$813.00
30600032	LED LICENSE PLATE LAMP;RR	2	\$82.00
30117530	GLASS.PANEL.RR.UPPER	1	\$1,491.00
30600209	FLAP LESS LOCK;RR END	1	\$2,392.00
30600075	HINGE LH/RH;RR BUMPER	2	\$31.00
30600522	INSULATION;OUTSIDE FLAPS	2	\$139.00
30600107	PILLAR LHS	2	\$286.00
30600073	RETAINING CLIP LH/RH;RR BUMPER	2	\$5.00
30600072	BALL PIN LH/RH;RR BUMPER	2	\$7.00
30600029	TAIL LAMP ASSY;LEFT;RR	1	\$373.00
30600106	CROSSMEMBER	1	\$975.00
12153231	BELT TENSIONER;ALT	1	\$152.00
30600796	BRACKET.TOWING COVER.RR BUMPER	1	\$205.00
30600521	INSULATION;OUTSIDE FLAPS	1	\$188.00
30600089	BUFFER	1	\$33.00
12201179	GUIDE PULLEY;WATER PUMP;ENGINE COOLING	1	\$152.00
12202156	V BELT;WATER PUMP,ENG COOL A/f120	1	\$44.00
30600154	MOUNTING CLAMP;58X20MM;TAILPIPE	1	\$6.00
12202150	PULLEY;WATER PMP;ENG COOL.SYS	1	\$102.00
12153232	PULLEY;ALTERNATOR	1	\$586.00
30600278	CLAMPING PIECE;TRAILER COUPLING JAW	1	\$4.00
30600093	LINE;COOLANT PIPE.COPPER.	1	\$810.00
12153228	ALTERNATOR. 28V/100A;MB CITARO.QV2 ^	1	\$1,120.00
12153228	ALTERNATOR. 28V/100A;MB CITARO.QV2 ^	1	\$1,120.00
56113004	BALL BEARING REPAIR KIT;A/C COMPRESSOR	1	\$205.00
30117513	REAR WINDSCREEN	1	\$1,197.00
30730009	BOSTICK SEALANT 7008	3	\$57.00
12153227	V-BELT 1814MM;ALT A/f120	1	\$45.00
30600009	HANDLE;RADIATOR PANEL	1	\$11.00
30600097	BRACKET LEFT;760MM	1	\$120.00
90753009	FIRE EXTG.4.5KG'DRYPOWDER'	1	\$13.00
30117513	REAR WINDSCREEN	-1	(\$1,197.00)
30600076	BAND LEFT;RR BUMPER	1	\$10.00
12083131	FILTER INSERT;OIL FILTER	1	\$21.00
30600279	BRACKET;TRAILER COUPLING JAW	1	\$6.00
12083133	OIL FILTER ;OIL COOLER	1	\$392.00
30600070	BRACKET RH;RR BUMPER	1	\$79.00
30600063	BRACKET,FRT BUMPER	1	\$15.00
30117549	ADHESIVE FOIL;WINDOW PANES	8	\$923.00
12083132	GASKET;OIL FILTER TO CLYINDER CRANKCASE	1	\$8.00
30600154	MOUNTING CLAMP;58X20MM;TAILPIPE	2	\$13.00
30600071	BRACKET LH;RR BUMPER	1	\$75.00
32541399	WIRING HARNESS;LICENSE PLATE LAMP	1	\$104.00
12113001	MAGNETIC CLUTCH ASSY.A/C	1	\$1,898.00
TOTAL FOR PARTS			\$S 15764.00
S/N	Labour / Spray Painting / Contractor Cost	Amount	
1	(2) Workshop Labour	\$S	136.00
2	Contractor's repair charges	\$S	4766.83

Certification for Bus Repairs

CBR REF NO. : HG20184208

Depot : HG Report No.: W34372018 BUS VEHICLE NO. : SBS6125K
 Driver's Co no. & Name : 79213 Khew Boon Ping
 Accident Date : 11/06/2018

Date in : 11/06/2018Date Out : 17/07/2018

Yr Of Reg	Make / Model	Chassis No.
2011	MB Citaro O530, SD, AC, 2 Axle	WEB62808323122069
TOTAL DAMAGE		S\$ 20666.85
Overheads		S\$ 6200.06
Towing Charges		S\$ 158.00
Repair Period : 10 days	Loss of Use	S\$ 3861.90
TOTAL LOSS		S\$ 30886.81

Prepared By : Zakaria Bin AhmadDate : 03/10/2018Approved By
Workshop Mgr : Aw Boon HuanDate : 05/10/2018

	Survey Fee	refer to Group Claims
TOTAL DUE		S\$ 30886.81

Approved By
District Safety : Robert Ng Koon LeongDate : 05/10/2018

* This is computer generated document and does not require signature

1ST REG. NO. M2-8921817-3

TAX INVOICE

COMPANY REG. NO.: 199506048W

Sold To :
 Company
 SBS TRANSIT LTD - HG
 NO.4 DEFU AVE 1
 SINGAPORE 539536

Invoice Number/Date
 103006586 / 26.07.2018
 Customer Ref./Date
 HG146771
 Sales Ref./Date
 3834069 / 22.06.2018
 Customer number
 7010096

S/N	Description	Qty	Unit Price	Total
00010	Your PO : HG146771 Delivery Order : CDGE-BAR-DO-201 Completed Accident Repair for SBS 6125K	1	4,455.00	4,455.00
Total without GST :				4,455.00
Output Tax :		7.000	8	311.85
Amount Payable :			SGD	4,766.85

INVOICE APPROVAL

Goods/Service : ~~NO TECHNICAL~~
 Price : 4,766.85 O.K. ~~Technical Office~~
 Extension/Discount : O.K. ~~Hougang Workshop~~
 1147 A/C Code 476070 BA ~~Buo~~ 2410502
 Approved for Payment : _____
 Name : _____
 Designation : _____
 Division : _____
 Wong Tak Sum
 Assistant Vice-President
 Hougang Workshop

*** THIS IS A COMPUTER-GENERATED INVOICE. NO SIGNATURE IS REQUIRED. ***

TERMS & CONDITIONS

- Cheque should be crossed and made payable in SGD to "ComfortDelGro Engineering Pte Ltd". Please write your account and invoice no. at the back of the cheque. No receipt will be issued for crossed cheque.
- Credit Term : Credit 30 days
- Interest at 1.5% per month will be levied on overdue amounts.
- Billing enquiries : Please call at

SBS Transit Ltd
205 BRADDELL ROAD
SINGAPORE 579701



VICOM LTD
385 Sin Ming Drive Singapore 575718

Mainline (65) 6458 4555
Facsimile (65) 6458 1040

www.vicom.com.sg
Circle K Insurance No. 170302796

SURVEY REPORT

GENERAL INFORMATION

VAC Ref. No.	: 530818	Claim No.	: W/3437/2018
Accident Date	: 11/06/2018	Claim Type	: THIRD PARTY
Assignment Date	: 13/08/2018	Policy No.	:
Survey Date	: 11/06/2018	Finalised Dt.:	
Survey Report Date	: 21/10/2018	Insured Veh.:	: PC564J

VEHICLE PARTICULARS

Vehicle No.	: SBS6125K	Chassis No.	: WEB62808323122069
Registration Date	: 21/10/2011	Engine No.	: 90292600899077
Make	: MERCEDES BENE	Engine Cap.	: 6374 CC
Model	: CITARO O530	Transmission	: AUTOMATIC
		Colour	: MULTI-COLOUR

CONDITION OF VEHICLE DURING SURVEY (VISUAL and STATIC TEST ONLY)

Foot Brake	: SERVICEABLE	Steering	: SERVICEABLE
Hand Brake	: SERVICEABLE	Modification	: NONE
Mileage	: 462532		

<u>TYRES</u>	<u>SIZE</u>	<u>MAKE</u>	<u>BALANCE (mm)</u>
FRONT RH	275/70R22.5	BRIDGESTONE	10
FRONT LH	275/70R22.5	BRIDGESTONE	10
REAR RH	275/70R22.5	BRIDGESTONE	10
REAR LH	275/70R22.5	BRIDGESTONE	10

SURVEY CONDUCTED AT

NO.4 DEPU AVE 1
SINGAPORE 539536 TEL:63836942

REMARKS

- [1]Workshop Estimate : S\$ 20,666.85
[2]Our Adjustment : S\$ 20,666.85
[3]Repair Period : 10 days
[4]We have not authorised repairs. This survey was carried out on without prejudice basis.

VICOM LTD
SURVEY REPORT

SBS6125K @ 11/06/2018

Annex A: Adjustment on Spare Parts

#	Qty	Vehicle Parts Description	Condition	Workshop Estimate (\$\$)	VAC Adjustment (\$\$)
1	1	Stkr Sbs Transit Rr Sd/Dd	Necessary	6.00	6.00
2	1	Signal Led Light;Amber	Crack	37.00	37.00
3	1	Bracket Lh;Rr Bumper	Broken	16.00	16.00
4	1	Face Bar,Rear Bumper,L/Rr Foglamp,N/S	Bent	364.00	364.00
5	2	Joint Cover. Rear Bumper	Broken	230.00	230.00
6	1	Bumper Centre,Rear Bumper Compl	Broken	813.00	813.00
7	2	Led License Plate Lamp;Rr	Broken	82.00	82.00
8	1	Glass,Panel,Rr,Upper	Crack	1491.00	1491.00
9	1	Flap Less Lock;Rr End	Broken	2392.00	2392.00
10	2	Hinge Lh/Rh;Rr Bumper	Bent	31.00	31.00
11	2	Insulation;Outside Flaps	Broken	139.00	139.00
12	2	Pillar Lhs	Bent	286.00	286.00
13	2	Retaining Clip Lh/Rh;Rr Bumper	Necessary	5.00	5.00
14	2	Ball Pin Lh/Rh;Rr Bumper	Necessary	7.00	7.00
15	1	Tail Lamp Assy;Left;Rr	Broken	373.00	373.00
16	1	Crossmember	Bent	975.00	975.00
17	1	Belt Tensioner;Alt	Bent/Jam	152.00	152.00
18	1	Bracket,Towing Cover,Rr Bumper	Broken	205.00	205.00
19	1	Insulation;Outside Flaps	Broken	188.00	188.00
20	1	Buffer	Broken	33.00	33.00
21	1	Guide Pulley;Water Pump;Engine Cooling	Bent	152.00	152.00
22	1	V Belt;Water Pump,Eng Cool Af120	Torn	44.00	44.00
23	1	Mounting Clamp;58x20mm;Tailpipe	Necessary	6.00	6.00
24	1	Pulley;Water Pmp;Eng Cool.Sys	Bent	102.00	102.00
25	1	Pulley;Alternator	Bent	586.00	586.00
26	1	Clamping Piece;Trailer Coupling Jaw	Necessary	4.00	4.00
27	1	Line;Coolant Pipe.Copper.	Bent/Leak	810.00	810.00
28	1	Alternator.28v/100a;Mb Citaro.Qv2^	Bent	1120.00	1120.00
29	1	Alternator.28v/100a;Mb Citaro.Qv2^	Bent	1120.00	1120.00
30	1	Ball Bearing Repair Kit;A/C Compressor	Bent	205.00	205.00
31	3	Bostick Sealant 7008	Necessary	57.00	57.00
32	1	V-Belt 1814mm;Alt Af120	Torn	45.00	45.00
33	1	Handle;Radiator Panel	Bent	11.00	11.00
34	1	Bracket Left;760mm	Bent	120.00	120.00
35	1	Fire Extg.4.5kg Drypowder	Necessary	13.00	13.00
36	1	Band Left;Rr Bumper	Necessary	10.00	10.00
37	1	Filter Insert;Oil Filter	Bent	21.00	21.00
38	1	Bracket;Trailer Coupling Jaw	Necessary	6.00	6.00
39	1	Oil Filter;Oil Cooler	Bent/Leak	392.00	392.00
40	1	Bracket Rh;Rr Bumper	Broken	79.00	79.00
41	1	Bracket.Frt Bumper	Broken	15.00	15.00
42	8	Adhesive Foil;Window Panes	Bent	923.00	923.00
43	1	Gasket;Oil Filter To Clyinder Crankcase	Necessary	8.00	8.00
44	2	Mounting Clamp;58x20mm;Tailpipe	Necessary	13.00	13.00
45	1	Bracket Lh;Rr Bumper	Broken	75.00	75.00

VICOM LTD
SURVEY REPORT

SBS6125K @ 11/06/2018

Annex A: Adjustment on Spare Parts

#	Qty	Vehicle Parts Description	Condition	Workshop Estimate (\$)	VAC Adjustment (\$)
46	1	Wiring Harness;License Plate Lamp	Broken	104.00	104.00
47	1	Magnetic Clutch Assy,A/C	Bent	1898.00	1898.00
			Subtotal	15764.00	15764.00
			TOTAL	15764.00	15764.00
		TOTAL FOR SPARE PARTS		15764.00	15764.00

VICOM LTD
SURVEY REPORT

SBS6125K @ 11/06/2018

Annex B: Adjustment on Labour and Spray Painting

#	Job Description	Workshop Estimate (S\$)	VAC Adjustment (S\$)
1	(2) workshop labour	136.00	136.00
2	Contractor's repair charges	4766.85	4766.85
TOTAL FOR LABOUR AND SPRAY PAINTING		4902.85	4902.85

Summary

Description	Workshop Estimate (S\$)	VAC Adjustment (S\$)
TOTAL FOR SPARE PARTS	15764.00	15764.00
TOTAL FOR LABOUR AND SPRAY PAINTING	4902.85	4902.85
TOTAL REPAIR COST	20666.85	20666.85

SURVEY REPORT

Annex C: Conclusion

ASSESSOR'S REPORT

At the place of inspection, we saw this vehicle sustained rear damage.

The damages seen during our survey were at rear bumper cover, engine compartment cover/flap, engine air pipe, engine main pulley, alternator, belting, rear support structure bar/frame, tail lamp, tail lamp pillar panel, chassis structure frame/bracket, windscreen glass and side pillar top panel and surrounding areas. A fuller detailed description of the damages is in Annex A of this survey report.

We examined all the rear damages and assessed they were from a collision or impact nature.

By cross-referencing with the e-filed report, we were satisfied the damages were consistent with the circumstances of accident as detailed.

ASSESSOR'S RECOMMENDATION

Sbs Transit Ltd - (Hougang Bus Depot) estimated a repair cost of S\$20,666.85. We adjusted it to S\$20,666.85 on a part-by-part basis.

Accordingly, we recommend repairs to this vehicle be carried out on a part-by-part basis at S\$20,666.85.

The repairs would require a period of 10 working days.

We submit our survey report for your kind attention and would add the survey was carried out to the best of our ability, knowledge and experience.

REMARKS

SBS Transit, as owner of a large fleet and having an infrastructure of own workshops to maintain its buses at various depots, would have the parts price at costs. The parts are in the inventory. Correspondingly, the labour charge is actual cost based on man hours expended for the repairs. SBS Transit provides transportation to the general public. The repairs carried out by SBS Transit workshops is not a profit entity.



Fock Ping Yan
for VICOM 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 ability.
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	11/06/2018 16:52
Date Of Accident	11/06/2018 09:15
Exact Location Of Accident	TPE EXIT 7 TOWARDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB4186L
Insured/Policyholder	
Name Of Registered Owner	DYNAMICWERKZ PTE LTD
Co Reg No	-
Email Address	DWERKZPL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98122020
Alternative Phone No	OFFICE-98122020

Vehicle Particulars

Manufacturer	MINI
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ18-000670
Cover Note Number	

Driver

Name of Driver	SUBBIAH SHANMUGAM
Work Permit No	F8277778N
Date Of Birth	04/05/1980
Occupation	OUTDOOR
Date Of Driving Pass	31/12/2008
Driving Experience	9 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98122020
Fax Number	
Contact Number	OTHERS-98122020
EMail Address	DWERKZPL@GMAIL.COM

Address DYNAMICWERKZ PTE LTD
 Postcode
 Was driver an employee of the Insured's Company YES
 If No, Relationship of the Driver with the Insured
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident CHAIN COLLISION
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles involved in the accident
 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) 3
 Passenger 1
 NAME: : AYYAPAN MANIKANDAN
 GENDER: : MALE
 Passenger 2
 NAME: : THIYAGARAJAH PRAMAIHAH
 GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name GEYLANG N.P.C
 Police Station Address ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180611/2110

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 PC564J
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category BUS
 Name of Driver
 NRIC/Passport Number

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number UNKNOWN
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name SUBBAIAH SHANMUGAM
Approximate Age
Injuries Sustain RIGHT LEG PAIN
Injured person in which vehicle? GBB4186L
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name AYYAPAN MANIKANDAN
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? GBB4186L
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 3

Name THIYAGARAJAH PRAMAIAH
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? GBB4186L
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Sketch Plan

SKETCH PLAN

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.
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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)

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 purposes 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, regulatory, 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.

DYNAMICWERKZ PRIVATE LIMITED

10 Kaki Bukit Road 1, #03-21
KIB Industrial Building, Singapore 416175
Tel: 6844-2765, 6844-3075

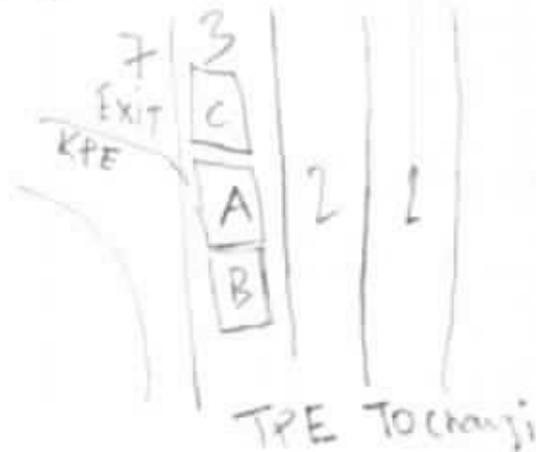
Policyholder's Signature
Date & Time

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

Reporting Centre Personnel's Signature
Name:
NRC/YIN No.:

Sketch Plan #2

SKETCH PLAN



A - GBB 4186L
 B - PC 564J
 C - Unknown.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

CAR A was driving on TPE towards Changi
 CAR C suddenly stop, CAR A manage to stop
 on time to avoid collision
 However, CAR B hit CAR A from behind
 CAR B was admitted he do not stop on time
 to avoid collision

PLS REFER to the Police Report
 T/20180611/2110

DECLARATION

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

DYNAMICWERKZ PRIVATE LIMITED

30 Kaki Bukit Road 1, #03-21

K. H. Haldeman Road Singapore 416175

Tel: 6844 - 4285, 6844 - 4075

Fax: 6844 - 4287

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

Name

NRIC/FIN No.

Sketch Plan #3

REF: (E) 22/04/2018 09:39 6036479
 Date: 22/04/2018 09:39

REF: (E)
 2018-0104



**SINGAPORE
 POLICE FORCE**



220100110110

Police Station Of Origin:
 Geylang N.P.C
 132 Paya Lebar Road SINGAPORE 40014
 Tel No: 1800-3489999

2 of 4

Report No: 120180110110

CONTINUATION OF REPORT

Person 1			
Name	AYYAPAY MANIKANDAN	ID No.	G2609854N
Related Vehicle	GBB4186L (Lorry)	Contact No	85355023
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/06/2018	Date Discharge	11/06/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Person 2			
Name	SUBBAIAH SHANMUGAM	ID No.	F6277778N
Related Vehicle	GBB4186L (Lorry)	Contact No	98123020
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: nil
Date Treatment	11/06/2018	Date Discharge	11/06/2018
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Person 3			
Name	THIYA CARAJAH PRAMAJAH	ID No.	G8027944U
Related Vehicle	CEB4186L (Lorry)	Contact No	00993013
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/06/2018	Date Discharge	11/06/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details:

On 11.06.2018 at about 09:15hrs, I was driving on the 3rd lane of TPE and nearing exit 7 when the SBS bus in front of my vehicle came to a sudden stop. I quickly pressed on my emergency brake to avoid a collision. I managed to brake in time and did not collide into the rear of the bus however a mere seconds later, I felt an impact from the rear and it causes my vehicle to forcefully moved to the front and hit onto the SBS bus. All my passengers and I jerked forward due to the impact. I went out to make a check and discovered that a van collided into the rear of my lorry. Ambulance and traffic police then came down to scene. 2 of my passengers and I was conveyed to Changi General Hospital. The 2 of us suffered from neck pain, back pain and leg pain. The damages to my vehicle is both front and rear damaged.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report

RECEIVED 22/04/2018 05:39 60580478

VEE HEE



**SINGAPORE
POLICE FORCE**



T201804112110

Police Station Of Origin
Koyang N.P.C.
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486969

Report No. T201804112110

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 11/08/2018 10:47		Video Report No.		Station Diary No. 81	
Name of Informant SURIJAH CHANMUGAM					
Address APT BLK 2 TAMPINES PLACE #02-07 TAMPINES DORMITORY SINGAPORE 528821					
ID Type / ID No. FIN NO / F827777819		Contact No.		Mobile: 98122020	
Nationality INDIAN		Email:			
Sex: Male	Age 38	Date of Birth 04/08/1980	Type of Informant Driver		
Race Indian		Language English		Institution / School Name:	
Occupation ELECTRICAL SUPERVISOR		Driving Licence Information Class: 2B,3,4		Date of Expiry:	

General Information on the Accident				
Type of Accident	Injury Others	Drink Drive: No	Date/Time of Accident: 11/08/2018 06:15	Type of Location: Straight Road
Location: Along Road 1 TAMPINES EXPRESSWAY				
EX 7				
Weather: Clear		Road Surface: Dry		Road Speed Limit
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Feet				Anyone conveyed by ambulance: No

Details of Vehicle Involved					
Vehicle No.	Type	Make	Model	Year	No. of Passengers
GR84180L	Lorry				Slightly Damaged 2
PC584J	Van				Slightly Damaged 1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report

RECEIVED COMMUNICATIONS SECTION

HEE HEE
1000-843939



SINGAPORE
POLICE FORCE



T2010001102110

Police Station Of Origin
Geylang N.P.C.
132 Paya Lebar Road SINGAPORE 400014
Tel No: 1000-843939

3 of 4

Report No: T2010001102110

CONTINUATION OF REPORT

Police Report

RECEIVED 10/04/2018 20:22 64586478
SINGAPORE POLICE FORCE

REC NO
0044-4104



SINGAPORE
POLICE FORCE



T001100110110

Police Station Of Origin
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 406014
Tel No: 1800-643039

4 of 4
Report No: T001100110110

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 05474885 stating the report number as reference.

Signature Of Officer Recording The Report:
G/
Staff Sgt RUZIANA BINTE MUHAMMAD RUSLY

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
11/05/2018 18:47

Officer In Charge Of Case:
TP / AET /
Staff Sgt WONG SIEU LUI
Contact No: 65176151

Classification Of Case:

Authentication Stamp:
Date:





Your Ref: DM18HO01491

Date: 03rd Sep 2019

Our Ref: CS1/EQ19012076/T1sf3e2

M/s EQ Insurance Company Ltd

5 Maxwell Road

#17-00 Tower Block

Mnd Complex

Singapore 069110

(The Motor Claims Department)

Dear Sir / Madam,

EVALUATION REPORT (PAPER SURVEY) OF ACCIDENT VEHICLE NO: SBS 6125K

INSURED VEHICLE: GBB 4186L

ACCIDENT DATE: 11/06/2018

We thank you for your instruction on 21/05/2019.

We acknowledge receipt of the following documents:-

- a) Automobile Inspection Report of SBS 6125K from M/s Vicom Ltd.
- b) Singapore Accident Statement of Vehicles SBS 6125K and GBB 4186L.
- c) Police Report of Vehicles GBB 4186L.
- d) Colour damaged vehicle photographs of SBS 6125K.

Based on the documents received from you, we have evaluated the damages of the vehicle and have the following comments:-

1. Information Recorded: -

Registration Number	: SBS 6125K
Make & Model	: Mercedes Benz Citaro O530
Chassis Number	: WEB62808323122069
Year of Registration	: 2011
Engine Capacity	: 6374 cc

2. We recommend that the repairs of the entire damage require about 10 (Ten) working days to complete.
3. We hereby provide our recommendations on the cost of repair to the damaged vehicle as stated in the following page.



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. SBS 6125K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	STKR SBS TRANSIT RR SD/DD	NECESSARY	6.00	6.00
1	SIGNAL LED LIGHT;AMBER	CRACKED	37.00	37.00
1	BRACKET LH,RR BUMPER	BROKEN	16.00	16.00
1	FACE BAR. REAR BUMPER.L/RR FOGLAMP.N/S	BENT	354.00	364.00
2	JOINT COVER.REAR BUMPER	BROKEN	230.00	230.00
1	BUMPER CENTRE.REAR BUMPER COMPL	BROKEN	813.00	813.00
2	LED LICENSE PLATE LAMP;RR	BROKEN	82.00	82.00
1	GLASS.PANEL.RR.UPPER	CRACKED	1,491.00	1,491.00
1	FLAP LESS LOCK;RR END	BROKEN	2,392.00	2,392.00
2	HINGE LH/RH;RR BUMPER	BENT	31.00	31.00
2	INSULATION;OUTSIDE FLAPS	BROKEN	139.00	139.00
2	PILLAR LHS	BENT	286.00	286.00
2	RETAINING CLIP LH/RH;RR BUMPER	NECESSARY	5.00	5.00
2	BALL PIN LH/RH;RR BUMPER	NECESSARY	7.00	7.00
1	TAIL LAMP ASSY;LEFT;RR	BROKEN	373.00	373.00
1	CROSSMEMBER	BENT	975.00	975.00
1	BELT TENSIONER;ALT	BENT / JAMMED	152.00	152.00
1	BRACKET.TOWING COVER.RR BUMPER	BROKEN	205.00	205.00
1	INSULATION;OUTSIDE FLAPS	BROKEN	188.00	188.00
1	BUFFER	BROKEN	33.00	33.00
1	GUIDE PULLEY;WATER PUMP;ENGINE COOLING	BENT	152.00	152.00
1	V BELT;WATER PUMP. ENG COOL AF120	TORN	44.00	44.00
1	MOUNTING CLAMP;58X20MM;TAILPIPE	NECESSARY	6.00	6.00
1	PULLEY;WATER PMP;ENG COOL.SYS	BENT	102.00	102.00
1	PULLEY;ALTERNATOR	BENT	586.00	586.00
1	CLAMPING PIECE;TRAILER COUPLING JAW	NECESSARY	4.00	4.00
1	LINE;COOLANT PIPE.COPPER.	BENT / LEAK	810.00	810.00
1	ALTERNATOR.28V/100A;MB CITARO.QV2^	BENT	1,120.00	1,120.00
1	ALTERNATOR.28V/100A;MB CITARO.QV2^	BENT	1,120.00	1,120.00
1	BALL BEARING REPAIR KIT;A/C COMPRESSOR	BENT	205.00	205.00
3	BOSTICK SEALANT 7008	NECESSARY	57.00	57.00

Report Ref No. CS1/EQ119012076/T1sf3e2



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.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	V-BELT 1814MM,ALT AF120	TORN	45.00	45.00
1	HANDLE,RADIATOR PANEL	BENT	11.00	11.00
1	BRACKET LEFT;760MM	BENT	120.00	120.00
1	FIRE EXTG.4.5KG DRYPOWDER	NECESSARY	13.00	13.00
1	BAND LEFT;RR BUMPER	NECESSARY	10.00	10.00
1	FILTER INSERT,OIL FILTER	BENT	21.00	21.00
1	BRACKET;TRAILER COUPLING JAW	NECESSARY	6.00	6.00
1	OIL FILTER,OIL COOLER	BENT / LEAK	392.00	392.00
1	BRACKET RH;RR BUMPER	BROKEN	79.00	79.00
1	BRACKET.FRT BUMPER	BROKEN	15.00	15.00
8	ADHESIVE FOIL;WINDOW PANES	BENT	923.00	923.00
1	GASKET.OIL FILTER TO CLYINDER CRANKCASE	NECESSARY	8.00	8.00
2	MOUNTING CLAMP;58X20MM;TAILPIPE	NECESSARY	13.00	13.00
1	BRACKET LH;RR BUMPER	BROKEN	75.00	75.00
1	WIRING HARNESS;LICENSE PLATE LAMP	BROKEN	104.00	104.00
1	MAGNETIC CLUTCH ASSY.A/C	BENT	1,898.00	1,898.00
			15,764.00	15,764.00
	LABOUR			
	(2) WORKSHOP LABOUR.		136.00	136.00
	CONTRACTOR'S REPAIR CHARGES.		4,766.85	4,766.85
			4,902.85	4,902.85
	GRAND TOTAL		20,666.85	20,666.85
	RECOMMENDED COST OF REPAIRS			20,666.85

Report Ref No. CS1/EQ119012076/T1sf3e2

MOHAMAD TAUFIKH
M.MATAI, AMSAE-A
Automotive Assessor

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

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