

22/03/2002

ASS. REC. BY:

REF: CS/FCI 19012195 / Uq f302

Special Instruction:

Surveyor: MARCUS

ASSIGNMENT (Office)

From (Person): SERENE

of

FCI

Date/Time:

10.7.19 12.36 PM

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SME 28427

Insured:

SHB 6699P

at Workshop m/s

SOC LEON MOTOR

Tel:

67477852

of

Autokay @ Kaki Bukit 1 Kaki Bukit Ave 6 Blk D01-01

Policy No:

Claim No:

1219004508MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

7.7.201915.7.19 10:30am o/w

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 10.7.19 1:33 PM

Person Contacted:

JimmyVehicle IN / OUT

Date/Time

Action/Instruction ( V ) Estimate

SHB 6699P : NS/INC13002181 / H1VN D.O.A 30/01/2013SME 28427 : X16/7/19 @ 11.20am revised to Serene ltr by email.19/7/19 Submit Prelim. report.

ASS. REC. BY: maru

## ASSIGNMENT

From: Date: 15.7.2019

Estimated Cost:

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

To Inspect Vehicle No: SME 2842T

at Workshop m/s Soc Leon motor

of Autobay @ Kaki Bukit / Kaki Bukit Ave 6

Insured: BIK 101-91

Policy No.

Claims No.

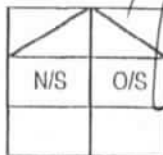
Sum Insured: Excess:

(Client's Record)

Make of Veh: 11.00 am owner waiting

(Policy Condition)

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



Bal. or Market Value: 80k.

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

Lump Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: SME 2842T Yr Regn: 9.18

Type: M.Caf / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or CA/

Make: Seat Ibiza c.c 999

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

Sp. Reading: 13257 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/55 R16

R:

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

TOYO / YOKO or

Front

R/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 7/7/19

Survey held at

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

9 pm. 2nd day

18/7/19 vehicle hasn't send in for repair.  
Summit unclear liability.

RECEIVED 18 JUL 2019

Date/Time, File Pass to?

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee: Site Insp (\$ )

Interview (\$ )

Tech. Invs (\$ )

Weekend (\$ )

Survey Fee:

Transportation:

Photos

Others

TOTAL

160

60

47

257

**MOTOR SURVEY ASSIGNMENT**

<b>Date</b>	09-07-2019	<b>Our Ref No.</b> D19004508MFSH
<b>Accident Date</b>	07-07-2019	<b>Claim Type.</b> Third Party
<b>Insured Vehicle</b>	SHB6699P	<b>Third Party Vehicle.</b> SME2842T
<b>Survey Location</b>	AUTOBAY @ KAKI BUKIT 1 KAKI BUKIT AVE 6 BLK D01-91	
<b>Contact Person.</b>	IRENE LEONG	
<b>Contact No.</b>	67477858/ 0	<b>Fax No.</b> 67420012
<b>Survey Type</b>	WITHOUT PREJUDICE: EST. COR - \$8998.20	
<b>Appointed Surveyor</b>	LKK AUTO CONSULTANTS PTE LTD	
<b>Contact Person</b>	NA	<b>Fax No.</b> 68416315
<b>Contact Number.</b>	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**

<b>Cc : Workshop</b>	SOC LEON MOTOR WORKS	<b>Attention.</b> NIL
<b>Cc : TP Solicitor</b>	NA	<b>TP Solicitor Fax No.</b> NA
<b>Officer Incharge</b>	SERENE	

**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.

## Shiau Chan (LKKAUTO)

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**From:** Shiau Chan (LKKAUTO)  
**Sent:** Tuesday, 16 July 2019 11:26 AM  
**To:** 'CWS Motor Claims'; assignments; SUR  
**Cc:** 'Serene Ler'  
**Subject:** RE: SURVEY ASSESSMENT - D19004508MFSH/1  
**Attachments:** CSFCI19012195Uqf3.pdf

Dear Serene,

Enclosed herewith preliminary advice of SME 2842T.

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)

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**From:** Admin-D (LKKAUTO)  
**Sent:** Wednesday, 10 July 2019 1:31 PM  
**To:** 'CWS Motor Claims' <[cwsmotorclaims@msfirstcapital.com.sg](mailto:cwsmotorclaims@msfirstcapital.com.sg)>; assignments <[assignments@lkkauto.com](mailto:assignments@lkkauto.com)>; SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>  
**Cc:** 'Serene Ler' <[Sereneler@msfirstcapital.com.sg](mailto:Sereneler@msfirstcapital.com.sg)>  
**Subject:** RE: SURVEY ASSESSMENT - D19004508MFSH/1

Dear Sir / Mdm,

Thank you for the assignment.

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

Best Regards,

**Summer Lee** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6741-8434 | email: [assignments@lkkauto.com](mailto:assignments@lkkauto.com) | fax: 6256-4315

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

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**From:** CWS Motor Claims [<mailto:cwsmotorclaims@msfirstcapital.com.sg>]  
**Sent:** Wednesday, 10 July, 2019 12:36 PM  
**To:** [ASSIGNMENTS@LKKAUTO.COM](mailto:ASSIGNMENTS@LKKAUTO.COM)  
**Cc:** CWS Motor Claims <[cwsmotorclaims@msfirstcapital.com.sg](mailto:cwsmotorclaims@msfirstcapital.com.sg)>; Serene Ler <[Sereneler@msfirstcapital.com.sg](mailto:Sereneler@msfirstcapital.com.sg)>  
**Subject:** PRI: SURVEY ASSESSMENT - D19004508MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

Please find attached the necessary documents for survey.

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



Auto  
Consultants  
Pte Ltd

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

Your Ref: D19004508MFSH

Date: 16 July 2019

Our Ref: CS/FCI19012195/Uqf3

The Motor Claims Department  
MS First Capital Insurance Ltd

Dear Sir/Madam,

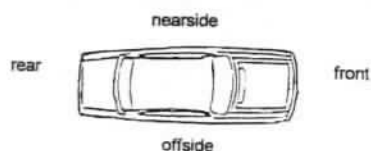
**INITIAL INSPECTION REPORT OF VEHICLE NO. SME 2842T.**

Please be informed that we had conducted the inspection of the abovementioned vehicle on 15/07/2019 at the premises of M/s SOC LEON MOTOR, and have the following to report:-

Workshop Estimate Amount	: S\$ <u>8,998.20</u> .
Revised Estimate Amount	: S\$ <u>5,091.20</u> .
"Check" Items Amount	: S\$ <u>1,675.00</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 o/s front portion. The undercarriage affected due to collision.



Yours faithfully

CHUA KANG SENG  
Licensed Appraiser

> **Back to OneMotoring**

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	7297A
Vehicle Details	
Vehicle No.:	SME2842T
Vehicle to be Exported:	No
Intended Deregistration Date:	15 Jul 2019
Vehicle Make:	SEAT
Vehicle Model:	IBIZA 5DR 1.0 TSI 116 STYLE 7AT
Primary Colour:	Blue
Manufacturing Year:	2018
Engine No.:	DKJ013086
Chassis No.:	VSSZZZKJZJR118835
Maximum Power Output:	85.0 kW (113 bhp)
Open Market Value:	\$17,381.00
Original Registration Date:	25 Sep 2018
First Registration Date:	25 Sep 2018
Transfer Count:	0
Actual ARF Paid:	\$17,381.00 <i>8690</i>
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	24 Sep 2028
PARF Rebate Amount:	\$13,035.00
Intended COE Rebate Details	
COE Expiry Date:	24 Sep 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$28,000.00
COE Rebate Amount:	\$25,736.00
<b>Total Rebate Amount:</b>	<b>\$38,771.00</b>

The information contained herein is correct as at 15 Jul 2019

OK

## 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	08/07/2019 10:06
Date Of Accident	07/07/2019 19:10
Exact Location Of Accident	ORCHARD ROAD TURNING LEFT TWRDS CTE(BUYONG RD)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SME2842T
Insured/Policyholder	
Name Of Registered Owner	MOHAMED YACOB BIN HAJI MOHD THAMBY
NRIC No	S1417297A
Email Address	YACOBTHAMBY@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-91990591
Alternative Phone No	HOME-68585740
Vehicle Particulars	
Manufacturer	SEAT
Model	IBIZA 5DR 1.0 TSI 116 STYLE 7AT
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104063457
Cover Note Number	DRIVO PREMIUM
Driver	
Name of Driver	MOHAMED YACOB BIN HAJI MOHD THAMBY
NRIC No	S1417297A
Date Of Birth	18/04/1960
Occupation	INDOOR
Date Of Driving Pass	28/06/1993
Driving Experience	26 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91990591
Fax Number	
Contact Number	HOME-68585740
E Mail Address	YACOBTHAMBY@YAHOO.COM.SG

Address	BLK 253 #12-322 HOUGANG AVENUE 3
Postcode	530253
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	SIDE SWIPE
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)	4
Passenger 1	NAME: : LENA GENDER: : FEMALE
Passenger 2	NAME: : MAHANI GENDER: : FEMALE
Passenger 3	NAME: : MILAH 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 TO BELOW STATEMENT/SKETCH PLAN ATTACHED:

#### Attachment(s)

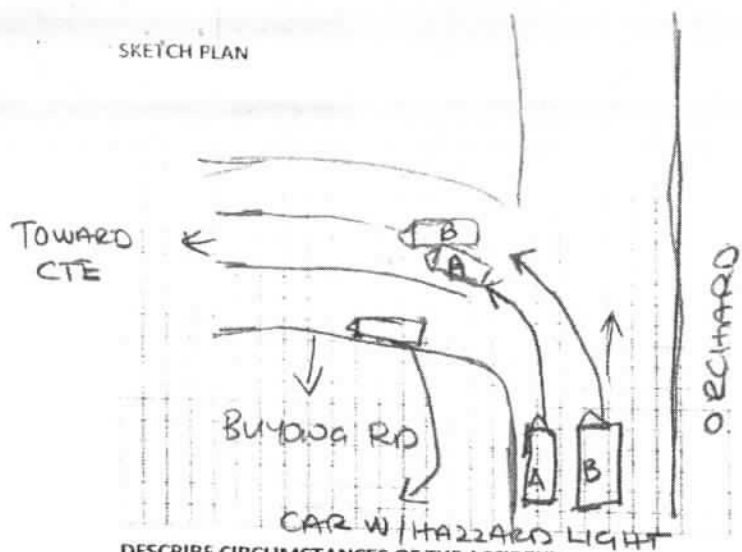
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB6699P
Vehicle Make/Model/Colour	MERCEDES BENZ / VIANO 2.2 CDI TREND LONG
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	WAN CHEE HOW
NRIC/Passport Number	S7346037I
Contact Number	



B - SHB 6699 P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

WHILE I WAS MAKING A TURN TOWARD BUNONG RD  
TO CTE I WAS INTENDED TO TURN TO LEFT. WHILE TURNING  
A MAXI CAB CUT INTO MY LANE AND HIT THE DRIVER  
SIDE OF MY CAR.

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

Policyholder's Signature \_\_\_\_\_

Date &amp; Time:

GLARMC SketchPlanForm V3

Driver's Signature \_\_\_\_\_

(If driver is not the policyholder)

Date & Time:

- 8 JUL 2019

IDAC KAKI BUKTI(VAC)

23 KAKI BUKIT AVE 4

Singapore 415933

Reporting Centre Personnel's Signature

Name: Fax: 67492305

NRIC/FIN No: vackb@singnet.com.sg

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.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

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.

Policyholder's Signature  
Date & Time:

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

- 8 JUL 2019  
IDAC KAKI BUKIT(VAC)  
23 KAKI BUKIT AVE 4  
Reporting Centre  
Name: Tel: 67416697  
NRIC/FIN No.: Fax: 67492305  
Email: vackb@singnet.com.sg

TOTAL: \$ 8,998.20

not found  
LHR  
take photo before party.  
15/7/19  
H.L.




# 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/FCI19012195/Uqf3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 18-07-2019	
			Code : FCI2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SHB 6699P	Veh. Inspected	SME 2842T	
Policy No.		Coverage (\$)	0.00	
Claim No.	D19004508MFSH	Excess (\$)	0.00	
Assign From	SERENE	Assign Date	10/07/2019	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	SEAT IBIZA (A)	c.c	999	
Engine No.	HIDDEN	Year of Reg.	2018	
Chassis No.	VSSZZKJZJR118835	Colour	BLUE	
Odometer	13257	Steering	AFFECTED	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	195/55 R16	BRIDGESTONE	7 mm	
L/H Front Tyre	195/55 R16	BRIDGESTONE	7 mm	
R/H Rear Tyre	195/55 R16	BRIDGESTONE	7 mm	
L/H Rear Tyre	195/55 R16	BRIDGESTONE	mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. THE UNDERCARRIAGE AFFECTED DUE TO COLLISION.				
DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	07/07/2019	Inspection Date	15/07/2019	
Survey held at	SOC LEON MOTOR WORKS 1 KAKI BUKIT AVE 6 BLK D #01-91 AUTOBAY @ KAKI BUKIT SINGAPORE 417883			
<b>5a. Remarks</b>				
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.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:			4 Working Days	



# LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 2

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SME 2842T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	FRONT FENDER (LH)	BADLY DENTED	780.00	780.00
1	FENDER INNERSHIELD	TORN	200.00	200.00
1	FRONT BUMPER	DISTORTED	1,600.00	1,600.00
1	BUMPER SIDE RETAINER (RH)	BENT	190.00	190.00
1	FOGLIGHT COVER (RH)	JAMMED	78.00	78.00
1	SENSOR	NOT NECESSARY	380.00	-
1	HEADLAMP (RH)	CRACKED / SCRATCHED	1,020.00	1,020.00
1	FRONT ABSORBER	NOT NECESSARY	410.00	-
1	KNUCKLE ARM	* CHECK	450.00	-
1	WHEEL BEARING	* CHECK	680.00	-
1	LOWER ARM	* CHECK	420.00	-
	LESS 10% DISCOUNT		-620.80	-386.80
			5,587.20	3,481.20
1	SPORT RIM (SN)	CUT	1,490.00	500.00
	LESS 10% DISCOUNT		-149.00	-
			1,341.00	500.00
<b><u>SPECIAL NETT ITEMS</u></b>				
1	FRONT TYRE (SN)	SERVICEABLE	180.00	-
			180.00	-
<b><u>LABOUR</u></b>				
	TO REMOVE & FIX FRONT RH UNDERCARRIAGE.	* CHECK	280.00	-
	TO ADJUST WHEEL ALIGNMENT & CHAMBER.		150.00	80.00
	TO PRESS FRONT WHEEL BEARING HUP.	NOT NECESSARY	60.00	-
	TO SPRAY ANTI-RUST.		100.00	30.00
	LABOUR CHARGES FOR KNOCKING & REPLACING PARTS.		600.00	400.00
	SPRAYPAINTING.		700.00	600.00
			1,890.00	1,110.00

Report Ref No. CS/FCI19012195/Uqf3e2



GRAND TOTAL		8,998.20	5,091.20
RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE) (EXCLUDE CHECK ITEMS S\$1,675.00 NETT)			5,091.20

Report Ref No. CS/FC119012195/Uqf3e2

CHUA KANG SENG

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.