

10/11/13

Surveyor: Kelvin

REF: NSI INC 19014120/K19f312

## 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: PC 401xPolicy No: 50A9049505-01 (16103/24-15101/22)Claims No: MT/1057535 / NV

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: 3 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: SH 9332R Yr Regn: "Jan 2017"

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

Truck / Trailer or

Make: Hyundai - 240 C.C. 1685Colour: Blue A/C: Insured / Std / Nil / NASp. Reading: 454490 T/Radio: Insured / Std / Nil / NA

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

C/No: KMHCBX14AH4098194

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inor 6 Jammed / Leaked / Burnt orBrake: Inor 6 Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

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

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

TOYO / YOKO or Hankook

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

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 11/8/19 D.O.I. 13/8/19Survey held at CPGE (Loyang)

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

n/s Front

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

Date / Time Action / Instruction

SH 9332R - CSI FC114011584 / M19b23

D.O.A - 12/06/14

IN

PC 401x - x

H

19/8/19 Chd 45\$3300/ 3 Dgs. Chd 6253.92, 447.7

RECEIVED 26 AUG 2019

Date/Time, File Pass to?

☐ : Preli. Report11/10/18 Kevin☐ : Final Report

Date/Time, File Return to?

Days Of Repair: 3Resurvey No. of Trip: 1

Survey Fee:

Transportation:

160

eBaoTech

General Claim

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 type="radio"/>	5099049505-01		BUS HUB SERVICE PTE. LTD.	200505523H	GBS	Third Party, Fire & Theft	PC401X	PC401X	16/03/2019	15/03/2020

TP Claims against NTUC Income: Follow-Through Survey

Date : 19/08/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate	Tentative repair cost
1	MT/1056954-002	CITYCAB PTE LTD	SHC 342C	SUJ 3580C	06/08/2019	\$ 1,964.88	\$ 600.00
2	MT/1057535-002	COMFORT TRANSPORTATION PTE LTD	SH 9332R	PC 401X	10/08/2019	\$ 5,853.92	\$ 3,300.00
3	MT/1057607-002	COMFORT TRANSPORTATION PTE LTD	SH 8832X	SIX 2172D	13/08/2019	\$ 1,609.05	\$ 1,000.00
4	MT/1057573-002	COMFORT TRANSPORTATION PTE LTD	SH 7896T	GBE 9881P	12/08/2019	\$ 1,298.48	\$ 300.00
5	MT/1056575-002	CITYCAB PTE LTD	SHC 7402S	GBB 8710Y	03/08/2019	\$ 2,571.05	\$ 529.25
6	NOT OI	SMRT TAXIS PTE LTD	SHB 2P	SLA 1509J	29/07/2019	\$ 16,288.40	\$ 2,000.00
7	MT/1055544-002	SMRT TAXIS PTE LTD	SHB 882R	YN 7384B	27/07/2019	\$ 5,863.56	\$ 1,150.00
8	MT/1056750-002	COMFORT TRANSPORTATION PTE LTD	SHC 8047C	SLM 688E	6/8/2019	\$ 8,341.48	\$ 3,100.00

## 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	13/08/2019 12:42
Date Of Accident	10/08/2019 10:20
Exact Location Of Accident	PENINSULA EXCELSOR HOTEL DROP OFF POINT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9332R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD (COMPANY)
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40
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	SAZALI B ABU
NRIC No	S1546625A
Date Of Birth	11/10/1962
Occupation	OUTDOOR
Date Of Driving Pass	22/03/1983
Driving Experience	36 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90270807
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	884 11-65 TAMPINES STREET 83
Postcode	520884
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	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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	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

SEE ATTACH.

#### 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	PC401X
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

REAR RHT

No. Of Passenger (Including Driver)

## SKETCH PLAN

A- SH 9332R  
B- PC 401X



Along Peninsula Excelsor Hotel Drop Off Point

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10.08.2019 @ 1020hrs I was travelling along Peninsula Excelsor Hotel Drop Off Point with one male and female onboard.

As I stopped and wanted to drop off my passengers suddenly veh(B) PC 401X cut into my lane and hit onto my vehicle front left portion.

I have company video and photos at scene to support my claims.

No injury in this accident.

Veh(B) PC 401X Male passenger

## DECLARATION

I/We declare the foregoing particulars are true in every respect.  
CC-FORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

Policyholder's Signature

Driver's Signature

Reporting Centre Personnel's Signature

13/8/19

**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.

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

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 13.08.2019@1000HRS

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



Team: ARC Repair TP(CLSO)1

## JOB CARD

Sales Order:

JC NO.: 305324078

CUSTOMER  
VMS COMFORT TRANSPORTATION PTE LTD  
CUSTOMER NO. 7010045  
ADDRESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
L (R) 65508755 (O)  
(P)

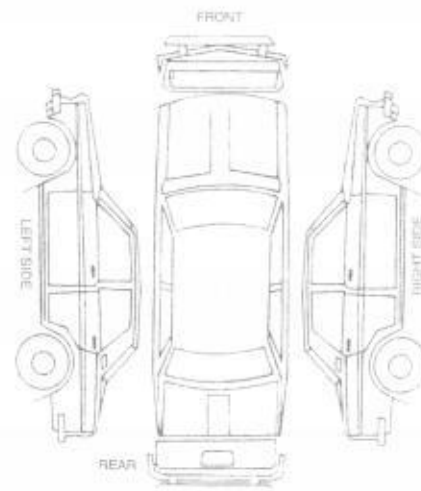
REGN NO.	SH 9332R	MILEAGE
MAKE:	HYUNDAI	FUEL
MODEL	I-40	E.....1/2.....F
YR OF MANU	11.01.2017	DATE/TIME IN
CHASSIS CODE	KMHLB41UMHU098194	13.08.2019 10:20
		TARGET DATE
		COMPLETION DATE/TIME

3COUNT CARD NO.

## JOB DESCRIPTION

Accident Date: 10.08.2019  
NATURE: 3P 10.08.19/C

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SH 9332R  
LIMTS

Vehicle No.: SH 9332R

Name of 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

## REPAIR ESTIMATE\*

VEHICLE NO : SH 9332R

DATE 13/8/2019

MAKE :

MODEL : HYUNDAI i40

NTUC-45

LKK - kalvin

TS

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Radiator Grille / <i>cr</i>			\$ 1,110.10
	Front Bumper Cover / <i>cr</i>			\$ 1,052.20
	Front Bumper Grille (LH) X <i>sc</i>		\$ 41.60	\$ 83.20
	Front Bumper Centre Grille Top Garnish X <i>sc</i>			\$ 80.00
	Headlamp Support Top Cover X <i>sc</i>			\$ 222.60
	Headlamp Support Panel Assy X <i>sc</i>			\$ 907.40
	Headlamp (LH) / <i>cr</i>			\$ 1,388.00
	Front Fender (LH) / <i>Backed</i>			\$ 566.30
	Front Fender Shield (LH) X <i>sc</i>			\$ 175.90
	Front Fender Retainer X <i>sc</i>			\$ 24.60
	Front Wheel Hub Cap, LH X <i>sc</i>			\$ 107.10

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

**Job Requisition**

1. Date: 10-8-19

Time Received:

2. ☐ New ☐ SPARK Kakis

Name of Customer: Sufali

Contact No.:

Vehicle No.: 90270807

Make / Model / Colour: SH 9332R

Email:

3. Vehicle Type:

☐ Private

☒ Taxi (CTPL/CCPL)

☐ Fleet

☐ STK (Boon Lay)

4. Type of Towing:

☒ Normal Tow

☐ King Dolly

☐ Flat Bed

☐ Crane-up

5. Nature of Service:

☐ Jumpstart

☐ Recovery

☐ Change Tyre / Battery

6. Parts Replaced/Remarks:

7. Location: Punggol

8. Vehicle Tow - In Workshop:

9. Preferred Workshop:

☐ Braddell ☒ Loyang ☐ Pandan

☐ Sin Ming ☐ Sungei Kadut ☐ Ubi

☐ Senoko ☐ Komoco (UBI / Leng Kee) ☐ Cycle & Carriage (PD)

☐ Others:

10. Odometer Reading:

Fuel Level: F 1/4 1/2 3/4 E

11. Radio / CD Player

☐ OK

☐ Faulty

☐ Not tested

12. Tow Truck / Recovery Van: ☐ VRS ☒ QA ☐ STD ☐ TZ ☐ IRS ☐ OTHERS

Name of Driver: K. N. S.

Vehicle No.: JW605912

Time Dispatch: 10.55

Time of Arrival: 11.10

Time Completed:

13. Cash Invoice Details (if applicable)

13. Cash Invoice No.:

Customer Acknowledgement

a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.

b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.

c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

Date: 10-8-19

Time:

Signature of Customer: [Signature]

14. WORKSHOP

Name of Attending Staff/Guard

Date & Time of Arrival

Signature of Attending Staff/Guard

# : Cracked X : Dented  
/ : Scratched O : Missing

WORKSHOP COP

# COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305324078

Date : 15/08/19

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SH 9332R

Date of Accident : 10-Aug-19

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

1. The repair job shall bill to: NTUC --- PC 401X

2. The finalized amount shall be:

(a) Spare Parts after List discount

(b) Labour Charges

**Total for Part-By-Part Repair Cost**

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20% \$3,300.00

**Final Lumpsum Repair cost \$3,300.00**

3. Estimated normal period for repairs: 3 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 T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : KALVIN

Date : 19/8/19

## 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/INC19014120/K1qf3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 22-08-2019



189556

Code: INC4

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

Insured Veh.	PC 401X	Veh. Inspected	SH 9332R
Policy No.	5099049505-01	Coverage (\$)	0.00
Claim No.	MT/1057535-002	Excess (\$)	0.00
Assign From		Assign Date	13/08/2019

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	KMHLB41UMHU098194	Colour	BLUE
Odometer	454490	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	HANKOOK	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm

### 4. Description of Damages

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

### 5. General Information

Accident Date	10/08/2019	Inspection Date	13/08/2019
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:	3 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. SH 9332R**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	RADIATOR GRILLE	CRACKED	1,110.10	1,110.10
1	FRONT BUMPER COVER	CRACKED	1,052.20	1,052.20
2	FRONT BUMPER GRILLE (LH) @\$41.60	SERVICEABLE	83.20	-
1	FRONT BUMPER CENTRE GRILLE TOP GARNISH	SERVICEABLE	80.00	-
1	HEADLAMP SUPPORT TOP COVER	SERVICEABLE	222.60	-
1	HEADLAMP SUPPORT PANEL ASSY	SERVICEABLE	907.40	-
1	HEADLAMP (LH)	CRACKED	1,388.00	1,388.00
1	FRONT FENDER (LH)	BUCKLED	566.30	566.30
1	FRONT FENDER SHIELD (LH)	SERVICEABLE	175.90	-
1	FRONT FENDER RETAINER	SERVICEABLE	24.60	-
1	FRONT WHEEL HUB CAP, LH	SERVICEABLE	107.10	-
	LESS 20% DISCOUNT		-1,143.48	-823.32
			<b>4,573.92</b>	<b>3,293.28</b>
<b><u>SPECIAL NETT ITEMS</u></b>				
1	FRONT FENDER ADVERTISEMENT LOGO (LH)(SN)	NECESSARY	100.00	100.00
			100.00	100.00
<b><u>LABOUR</u></b>				
	PANEL BEATING.		400.00	300.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	WIRING.		50.00	20.00
	TUFF KOTE.		50.00	20.00
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
	-		-	-
	-		-	-
	-		-	-
			<b>1,180.00</b>	<b>740.00</b>
<b>GRAND TOTAL</b>			<b>5,853.92</b>	<b>4,133.28</b>

Report Ref No. NS/INC19014120/K1qf3n2

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			3,300.00
--	--	--	----------

Report Ref No. NS/INC19014120/K1qf3n2



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

**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.