	ASSIGNMENT (Office)		- 1-1
Estimated Copt:	1-11/1/	D	nterTime: 2.40pma alalla
OD TTYWS/TP RES/OD RES/EVA	Bill to:		
		Insured;	SHC 0570K
	er Trunsit		91990025 .
The state of the s	I'm Drive	17.7	13
Policy No:	Claim No:	0190	05783MFSH
Stan Imared:	Ebreenn:		
Make of Velc (Client's Record)		D	OA 5/9/2019
CA / REV / REP. / REV 24 HRS			H.O.D. Endoprement;
Date/Time 247pm39/19/19 Pers	on Contacted: Jun-		nicle (D) OUT
Date/Time Action/Instruction Volume	· · ·		
	15cttagg /#15a3a2 0 c	N 65	lue I suit
	GIPULAHSA PELANG DIO		
11 9/19 Sent Piel: Rev	ice be even!		A LINCOLD



MS First Capital Insurance Limited (In this 199000000). LST ting to HJ 0003429-9 6 Raffles Quay #21-00 Singapore 048580 Tel (65) 6222 2311 Fax (65) 6222 3547

Claims 8 Monu Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 068877 Tel: (65) 6507 3848 Fax: (65) 6507 3849 www.msfirstcapital.com.sg

MOTOR SURVEY ASSIGNMENT

Date

06-09-2019

Our Ref No. D19005783MFSH

Accident Date

05-09-2019

Claim Type. Third Party

Insured Vehicle

SHC0570K

Third Party Vehicle. SMB3527M

Survey Location

21 BULIM DRIVE BULIM BUS DEPOT

Contact Person.

LYNN AHMAD

Contact No.

62480987/91990025

Fax No. 0

Survey Type

WITHOUT PREJUDICE: ACCIDENT NOT REPORTED:

Appointed

Surveyor

LKK AUTO CONSULTANTS PTE LTD

Contact Person

NA

Fax No. 68416315

Contact Number.

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

Cc: Workshop

TOWER TRANSIT

SINGAPORE PTE LTD

Attention, NIL

Cc: TP Solicitor

NA

TP Solicitor Fax No. NA

Officer Incharge

MERINA CHIA SAN SAN

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.

Yvonne Wong (LKK Auto)

From:

Bazlin Ahmad <Bazlin.Ahmad@towertransit.sg>

Sent:

Monday, September 16, 2019 11:09 AM

To:

Yvonne Wong (LKK Auto); Rasul (LKKAuto)

Cc:

Wu Tzu Ying; Subramanian Kasi

Subject:

RE: SMB3527M D.O.A: 05/09/2019 AFTER PAINT PHOTOS AND FINALISATION

Dear Yvonne

We accept your COR \$625.00 (Before GST) with 2 working days. We will submit our LOD directly to MS First Capital.

Thank You

Best Regards

Lynn Ahmad (Ms) Senior Executive, Claims

Office +65 6248 0987 Mobile +65 9199 0025

Email bazlin.ahmad@towertransit.sg

Tower Transit Singapore Pte Ltd

21 Bulim Drive, Bulim Bus Depot, Singapore 648170

TOWER TRANSIT Registration number 201419417K

www.towertransit.sg



From: Yvonne Wong (LKK Auto) < yvonnewong@lkkauto.com>

Sent: Monday, 16 September, 2019 10:27 AM

To: Bazlin Ahmad <Bazlin.Ahmad@towertransit.sg>; Rasul (LKKAuto) <Rasul@lkkauto.com>

Cc: Wu Tzu Ying <Wu.Zy@towertransit.sg>; Subramanian Kasi <Subramanian.kasi@towertransit.sg>

Subject: SMB3527M D.O.A: 05/09/2019 AFTER PAINT PHOTOS AND FINALISATION

THIS EMAIL IS FROM AN EXTERNAL SOURCE - Do not click links or open attachments unless you recognise the sender/email. If in doubt, please check with IT Support!

Morning Bazli

Amount confirmed \$ 625.00 (before GST) repair 2 days.

Thank you.

Best Regards,

Yvonne Wong (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: yvonnewong@lkkauto.com | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Bazlin Ahmad [mailto:Bazlin.Ahmad@towertransit.sg]

Sent: Friday, September 13, 2019 5:01 PM

To: Rasul (LKKAuto) < Rasul@lkkauto.com >; Admin-D (LKKAuto) < admin-d@lkkauto.com >; Admin A < admin-

a@lkkauto.com>

Cc: Wu Tzu Ying <Wu.Zy@towertransit.sg>; Subramanian Kasi <Subramanian.kasi@towertransit.sg>

Subject: SMB3527M D.O.A: 05/09/2019 AFTER PAINT PHOTOS AND FINALISATION

Dear Rasul

Please find attached and finalised at your soonest.

Thank You

Best Regards

Lynn Ahmad (Ms) Senior Executive, Claims

Office +65 6248 0987 Mobile +65 9199 0025

Email bazlin.ahmad@towertransit.sg

Tower Transit Singapore Pte Ltd

21 Bulim Drive, Bulim Bus Depot, Singapore 648170

TRANSIT Registration number 201419417K

www.towertransit.sg

TOWER

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DISCLAIMER: This email and any attached files may be confidential, privileged and intended solely for the addressee. It may not be reviewed, acted upon, filed or communicated to or by any other person. If you have received this email in error please delete it and notify the sender immediately. If you do not wish to receive general email communications, or you wish to change/update your email details, please email grey@towertransit.co.uk to tell us. The views expressed in this email are not necessarily the views of Tower Transit



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

Your Ref: D19005783MFSH

Date: 11 Sep 2019

Our Ref: CS/FCI19015913/R1yf3

The Motor Claims Department MS First Capital Insurance Ltd

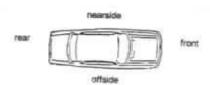
Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. SMB3527M .

Please be informed that we had conducted the inspection of the abovementioned vehicle on 09/09/2019 at the premises of M/s TOWER TRANSIT, and have the following to report:-

Workshop Estimate Amount	: S\$	1,391.00	
Revised Estimate Amount	: S\$	625.00	10
"Check" Items Amount	: S\$		
Market Value	: S\$	-	-
LTA Reimbursement Value	: S\$	2	
Nett Value	: S\$		_

Description of Damage: The vehicle sustained damages at the n/s front.



Yours faithfully

Rasul Automotive Assessor

Yvonne Wong (LKK Auto)

From:

Yvonne Wong (LKK Auto)

Sent:

Wednesday, September 11, 2019 5:37 PM

To:

'CWS Motor Claims' 'Merina Chia': SUR

Cc: Subject:

SURVEY ASSESSMENT - D19005783MFSH/1 VEHICLE NO. SMB3527M

Attachments:

SMB3527M DOA 05092019 REVERT.pdf

Dear Sir/Madam

Enclosed preliminary revised of vehicle SMB3527M

Date of survey: 09/09/2019 Number of days: 2 days

Thank you.

Best Regards,

Yvonne Wong (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: yvonnewong@lkkauto.com | fax: 6256-4315

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

From: Admin-D (LKKAuto)

Sent: Tuesday, September 10, 2019 9:30 AM

To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>

Cc: 'Merina Chia' <MerinaChia@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>

Subject: RE: SURVEY ASSESSMENT - D19005783MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Best Regards

G.NIVITHA

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: <u>assignments@lkkauto.com</u> | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: CWS Motor Claims [mailto:cwsmotorclaims@msfirstcapital.com.sg]

Sent: Monday, 9 September 2019 2:40 PM

To: ASSIGNMENTS@LKKAUTO.COM

Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Merina Chia <MerinaChia@msfirstcapital.com.sg>

Subject: PRI: SURVEY ASSESSMENT - D19005783MFSH/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.

Note: All the accident reports are uploaded into CWS for your perusal.

Best Regards, Admin Team Claim Workflow System Motor Claims Department MS First Capital Insurance Limited

Tel: 6507 3848 Fax: 6507 3849

PS: This is a system generated mail. Please do not reply to this mail.

1
This email has been checked for viruses by AVG antivirus software.
www.avg.com

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.
- 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

	ACCIDENT STATEMENT
Date Of Report	05/09/2019 08:45
Date Of Accident	05/09/2019 00:05
Exact Location Of Accident	CSC DEMPSEY CLUBHOUSE AFTER BUS STOP 11201
Country/State of Loss	SINGAPORE
12 A 1 1 1 1 1 1 1 1 1	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMB3527M
nsured/Policyholder	
Name Of Registered Owner	TOWER TRANSIT SINGAPORE PTE LTD
Co Reg No	201419417K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62480987
Vehicle Particulars	
Manufacturer	ALEXANDER DENNIS
Model	ENVIRO500-8.8 D (A)
Exact Purpose for which vehicle was being used ime of accident	l at
Are you claiming under your own insurance polic or repair to your vehicle?	Dy NO
No, Please state action to be taken	THIRD PARTY
/ehicle Category	BUS
nsurance Company	
lame of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
ype Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D-18092210MFBP
Cover Note Number	
Driver	

 Name of Driver
 RONG XIU HUA

 NRIC No
 \$7766883G

 Date Of Birth
 10/03/1977

 Occupation
 OUTDOOR

 Date Of Driving Pass
 26/02/2016

Driving Experience 3 YEARS AND 6 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-98888888

Fax Number

Contact Number

EMail Address NOEMAIL

Address

21 BULIM DRIVE SINGAPORE 648170

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 SIDE SWIPE

Weather Conditions CLEAR

Road Surface DRY

Other Information

ambulance?

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) 2

involved in the accident

10000

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

Was any other material or property damaged?

NO

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

9

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

PLEASE REFER ATTACHED

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHC570K

Vehicle Make/Model/Colour

TOYOTA - CITY CAB

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan



Statement Form

BC Name: Rong Xinhua	Date Take	ms 5 Sep 3	2019
BC No : 10104	Time Take	m: 16:50	
Nature of Incident: Minor - Si			
Date of Incident: 5 Sep 2019			
Service No: 166 Bus Reg No	Sm83527 11	Duty No: 10	6908
Details:			
On 5 Sept 2019 I	WERE ON	duty 10600	8. At about
00:07 hrs when I were			
after the bus Stop no: 11	5.7		
was police road block. I			
right lane as there is a		- 1/	
there was a Taxi try			47
the left. This resulted			
Taxi 1 my bur The do			
SMB 3527M Suffer ligh			
SHC 570K Suffer light			
No person injury. Bocc	tell me to	continue n	eceane Service
after exchange particul	lar with	the taxi d	Misser.
I confirmed that the above statement given b	y me is correct to t	he best of my knowl	edge.
	(A)	-7-1	
Rong Xiuhua 10104	R	5/9/19	16.50
BC Name & No.	Signature	Da	te & Time
tatement Taken By:			
GOH JENK TENG		Interchange	Supervisor
Name		Designa	

Accident Sketch Plan

ETCH PLÂN					
		100			
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Holland	K 000			Place	
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			Su	8352FM	>
SCRIBE CIRCUMSTANC	ES OF THE ACC	DENT			
			Chilares	+ Report	
	HEATER 16	guer ero	STOLENER	C Page 9	
				1.5	
-2					
CLARATION				.0.7	
CLARATION To declare the foregoing p	writedays are true	in every respect.			5
	writcalars are true	in every respect	7.6	430	
	articulars are true	DE.	5/9/2019	18	II GOLIT
	Diver	in every respect. PE 1 Septembe 1 septembe 1 septembe	16:30	Reporting Centre &	

SKETCH PLAN

EMPORTANT 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to resudista policy liability.
- 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. Atty false reporting may be referred to the Police for Investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Interance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the lodgment of this report to the insurers, you haveby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 2. Consent under the Personal Data Protection Act (PDPA)

I understand, asknowledge, agree and consent that

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GRA") 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 or 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' lawyen/law firms, the Monstary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - 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 pockages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all traumer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/lew fems, 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 antifor GIA to their third party service provides or signific 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.
- (b) the information so collected under (if) above may be shared / disclosed:
 - to all insurers and/or any other third perties 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: Oriver's Signature

Of driver is not the polyobolder?

Date & Time:

Reporting Centre Personessi's Signature

Name: NEIC/FIN No.:





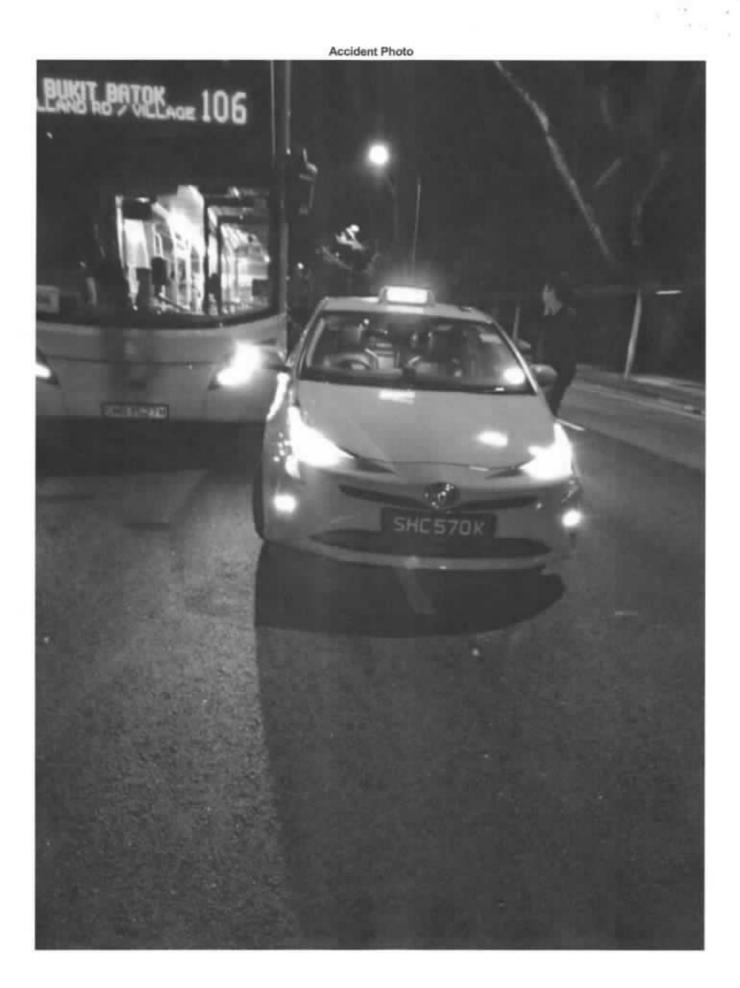


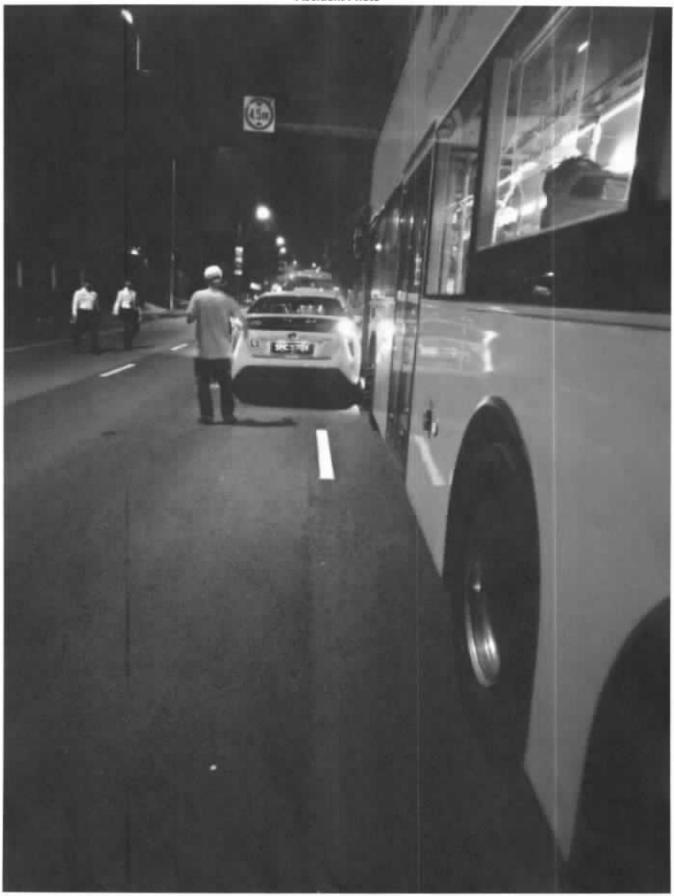














Accident Photo



ESTIMATED ACCIDENT REPAIR COST



CCIDENT TIME EPORTED	00:05hrs	BUS REGISTRATION NUMBER	5MB3527M
CCIDENT DATE	5-Sep-19	BUS TYPE (SD/DD)	DD
US CAPTAIN NAME	RONG XIU HUA	BUS ROUTE NUMBER	
WPLOYEE NUMBER		BUS ADVERTS (Y/N)	N

SECTION 1: PARTS & CONSUMABLE ITEMS (MATERIAL COST)

Part No.	Part or Item Description	Quantity	Total Cost
	_ ′		
	NA		
	1/4		
	·		
		7% GST	\$0.0
		PARTS TOTAL COST	\$0.00

SECTION 2: ASSESSMENT / REPAIR / SPRAY PAINT (LABOUR COST)

LABOUR ITEM (PLEASE SPECIFY IF ITS ASSESSMENT, REPAIR OR SPRAY PAINT)		TOTAL COST
TO DISMANTLE FRONT N/S/F CORNER BUMPER		328 5550.00
TO PUTTY & SPRAY PAINTING		300 5580.00
	7% GST	\$91.00
	LABOUR TOTAL COST	\$1,391.00

1700

PAGE 1

ESTIMATED ACCIDENT REPAIR COST



SECTION 3: REPAIRS TO BUS ADVERTISMENT VINYLS/PANELS (ADVERTISEMENT	COST	į
---	------	---

TOTAL	ADVERTI	SEMEN	T BEPAIR	COST

SECTION 4: RECOVERY OF ACCIDENT BUS (TOWING COST)

TOTAL TOWING COST

SECTION 5: NUMBER OF DAYS UNDER ACCIDENT REPAIR (LOSS OF USE COST)

Date in For Repairs **Date Out From Repairs**

BUS TYPE (SD / DD) Number of Days Under Repair LOSS OF USE COST \$600.00

SUMMARY		
SECTION NO.	COST	
1	\$0.00	
2	\$1,391.00	
3	2	
4	±.	
5	\$600.00	
GRAND TOTAL	\$1,991.00	

Pasul Hp 90010068 2 days 09/09/19 01600 Reg after reput

PAGE 2

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- · lining mass constitutions.
- Supplementary through much transmission and trail
 A subject to be also considered to be presented to the property of the construction of



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 Interna	ationale Des Experts En Autom	obile	
MS FIRST CAPITAL INSURANCE LTD 36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Ref : CS/FCI19015913/R1yf3e2		
			Date : 27-09-2019 Code : FCI2		
1.		Policy Particula	rs :- THIRD PARTY CLAI	M	
	Insured Veh.	SHC 570K	Veh. Inspected	SMB 3527M	
	Policy No.		Coverage (\$)	0.00	
	Claim No.	D19005783MFSH	Excess (\$)	0.00	
	Assign From	MERINA CHIA SAN SAN	Assign Date	09/09/2019	
2.		Vehicle Pa	rticulars & Condition		
	Make & Model	ALEXANDER DENNIS	c.c	8849	
	Engine No.	HIDDEN	Year of Reg.	2014	
	Chassis No.	SFD76CLR5EMTL3456	Colour	GREEN	
	Odometer	333663	Steering	IN ORDER	
	Brakes	IN ORDER	Modification	NIL	
	General	FAIR			
3.	Samuel Address	Cond	ditions of Tyres		
		Size	Make	Balance	
	R/H Front Tyre	305/70 R22.5	MICHELIN	8 mm	
	L/H Front Tyre	305/70 R22.5	MICHELIN	8 mm	
	R/H Rear Tyre	305/70 R22.5 (D)	MICHELIN	8/8 mm	
	L/H Rear Tyre	305/70 R22.5 (D)	MICHELIN	8/8 mm	
4.	Dega Pill	Descri	ption of Damages		
	THE VEHICLE SU DAMAGES SEE D	STAINED DAMAGES AT THE ETAILS.	N/S FRONT PORTION.		
5.			eral Information	THE RESERVE	
	Accident Date	05/09/2019	Inspection Date	09/09/2019	
	Survey held at	TOWER TRANSIT SINGAPO	RE PTE. LTD.	A 10	
	21 BULIM DRIVE SINGAPORE 648170				
5a.		The state of the	Remarks		
	B)THE INSPECTION	ISISTENT TO ACCIDENT REP ON WAS CONDUCTED ON A"\ CE TO YOUR INSTRUCTIONS	MITHOUT PREJUDICE" BAS		
5b.	3 20 10 10 10	Estima	ite Days of Repair		
	ESTIMATED NOR	MAL PERIOD FOR REPAIR:	2 Working Day	s	



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 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMB 3527M

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	LABOUR			
	TO DISMANTLE FRONT N/S/F CORNER BUMPER.		650.00	325.00
	TO PUTTY & SPRAY PAINTING.		650.00	300.00
			1,300.00	625.00
	GRAND TOTAL		1,300.00	625.00

RECOMMENDED COST OF REPAIRS	625.00

Report Ref No. CS/FCI19015913/R1yf3e2

ハン

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

St.S.

ADRIAN LING WAI PING

B.Eng, AMSOE, AMIRTE, AMSAE-A, M. MATAI

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 contact or tort, is accepted to any third party who may reply on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.