

ASS. REC. BY:

REF: CS/FCI 19016606/ KLS f3<sup>52</sup>

Special Instruction:

(CWS) Surveyor: Kalvin

ASSIGNMENT (Office)

From (Person): Marina Chia San San of FCI Date/Time: 20.9.19 8.48am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: PC6083R

Insured: SHC 7054M

at Workshop m/s Woodlands Transport Service  
of NO 8 Gul Circle

Tel: 65598988 / 65598984

Policy No:

Claim No: D19065945MPSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 13.9.2019

6559/8984 Kerj:

H.O.D. Endorsement:

CA / REV / REP. / REV 24 HRS

Date/Time: 20.9.19 9.02 a.m. Person Contacted: Mr Chan

Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	PC 6083R - X
	SHC 7054M - CS/FCI 17005305/Cgh3m2 D.O.A. - 14/07/2019
26/09/19	@ 14:05 pm revised PA to Marina Chia v:9 merimen.
07/11/19	@ 17:53 pm Check with Kerj (repairer), pending 1st-ly. Insurance vehicle has not repair.

Kahin

FC2

## ASSIGNMENT

PC6083R

27.9.2019

From:

Date:

25.9.2019

Veh No:

Tr Regn:

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

Estimated Cost:

OD / TP / VS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: PC6083R

at Workshop m/s: woodland transport

of Changi Airport Terminal 4, (coachbay)

Insured:

Policy No:

Claims No:

Sum Insured:

Excess:

(Client's Record)

Make of Veh: Contact James Tan: 96157644

10:30am

(Policy Condition) call James after Repair

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: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

mnp11

Vehicle: IN / OUT

Date: Person Contacted:

Truck / Trailer or

Make:

Yu Tong

c.c 6690

Colour:

white / blue

A/C: Insured / Std / NI / NA

Sp. Reading

235146

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

L2YTAG 6161069627

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD Rim or

Tyre Size:

F:

275 / 70 R225

R:

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

TOYO / YOKO or

A+ Fine

Front

Rear

R/Bal.

4

mm

R/Bal.

4.4

mm

L/Bal.

4

mm

L/Bal.

4.4

mm

D.O.A.

13/9/19

D.O.A.

25/9/19

Survey held at

Changi Airport T4 Coach Bay

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

Rear n/s

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

Date / Time

Action / Instruction

RECEIVED 08 NOV 2019

Date/Time, File Pass to?

08/11/19

1)

Typist

Date/Time, File Return to?

2)

Report Format:

Preli

Lump Sum / H.R. /

Days Of Repair:

3

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Wheel and (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Cover

TOTAL

100

50

27

177

**MOTOR SURVEY ASSIGNMENT**

Date	16-09-2019	Our Ref No. D19005945MFSH
Accident Date	13-09-2019	Claim Type. Third Party
Insured Vehicle	SHC7054M	Third Party Vehicle. PC6083R
Survey Location	NO 8 GUL CIRCLE	
Contact Person.	KENJI LEE	
Contact No.	65598988/ 0	Fax No. 68982394
Survey Type	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED:	
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	WOODLANDS TRANSPORT SERVICE 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.

**Re: SURVEY ASSESSMENT - D19005945MFSH/1**

Shirley Hiew (LKK Auto)

Thu 26/9/2019 2:05 PM

To: 'Merina Chia' <MerinaChia@msfirstcapital.com.sg>; 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>  
Cc: SUR <sur@lkkauto.com>; assignments <assignments@lkkauto.com>

 1 attachments (80 KB)

PRELI ADVISE - PC 6083R.pdf;

Dear Merina,

Enclosed preliminary revised of vehicle PC 6083R.

Thank you.

Best Regards,

Shirley Hiew | Case Handler

**LKK Auto Consultants Pte Ltd**Phone: 6256-3561 | email: [sur@lkkauto.com](mailto:sur@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) <admin-d@lkkauto.com>**Sent:** Friday, 20 September 2019 9:27 AM**To:** 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>;  
SUR <sur@lkkauto.com>**Cc:** 'Merina Chia' <MerinaChia@msfirstcapital.com.sg>**Subject:** RE: SURVEY ASSESSMENT - D19005945MFSH/1

Dear Sir/Madam,

Thank you for the assignment.

Please be informed that vehicle currently 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)

Best Regards,

**Catherine Chong** | 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)



Auto  
Consultants  
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: D19005945MFSH

Date: 26 September 2019

Our Ref: CS/FCI19016606/K1sf3

The Motor Claims Department  
First Capital Insurance Ltd

Dear Sir/Madam,

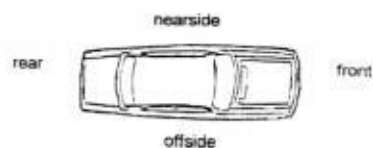
**INITIAL INSPECTION REPORT OF VEHICLE NO. PC 6083R .**

Please be informed that we had conducted the inspection of the abovementioned vehicle on 25/09/2019 at the premises of M/s WTS Engineering Pte Ltd and have the following to report:-

Workshop Estimate Amount	: S\$ 1,930.00 .
Revised Estimate Amount	: S\$ 1,630.00 .
"Check" Items Amount	: S\$ - .
Market Value	: S\$ - .
LTA Reimbursement Value	: S\$ - .
Nett Value	: S\$ - .

**Description of Damage:**

The vehicle sustained damages at the rear n/s portion.



**Comments/ Present Status:**

Damages Consistent.

Repair days: 3 days

Yours faithfully

Kalvin Ang  
Automotive Assessor

## 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 17/09/2019 13:46  
Date Of Accident 13/09/2019 15:45  
Exact Location Of Accident MINOR ROAD NEAR AIRPORT BOULEVARD  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number PC6083R  
**Insured/Policyholder**  
Name Of Registered Owner CHANGI AIRPORT GROUP SINGAPORE PTE LTD  
Co Reg No 200910817N  
Email Address NOEMAIL  
Mobile Phone No (LOCAL) +65-98383481  
Alternative Phone No OFFICE-65598954

### Vehicle Particulars

Manufacturer YUTONG  
Model ZK6126HGA  
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 COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company LIBERTY INSURANCE PTE LTD  
Type Of Coverage COMPREHENSIVE  
Fleet Policy YES  
Policy Number SD17V09518/VBS/R00  
Cover Note Number

### Driver

Name of Driver TAY THIAM POH  
NRIC No S1463465G  
Date Of Birth 17/11/1961  
Occupation OUTDOOR  
Date Of Driving Pass 19/08/1983  
Driving Experience 36 YEARS AND 0 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-96779770  
Fax Number (LOCAL) +65-68982394  
Contact Number OFFICE-65598954  
EMail Address NOEMAIL

Address BLK 231 AMK AVE 3 #05-1236  
 Postcode 560231  
 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 COLLISION - HEAD TO REAR  
 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?  
 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) 1

#### 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

On 13/09/2019, at about 15:47 hrs, I was traveling along minor road near airport boulevard. The traffic was light and the weather was clear with dry surface at that point of time. As the vehicle in front of me filtered into the main road, I wanted to follow but noticed that the traffic in the main road was not clear. Hence, I applied my brake. However, the vehicle behind me (SH7054M) collided into the rear of my bus. As a result, my bus sustained dent damage on the rear left bumper while SH7054M sustained damages on the front. No one was injured in the accident.

#### Attachment(s)

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? YES  
 Remarks/ Reasons: FILE TOO LARGE  
 Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

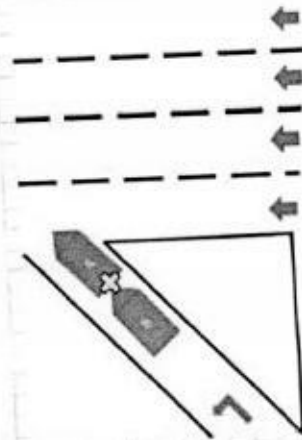
Vehicle Registration Number SHC7054M  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category TAXI  
 Name of Driver LIM SENG KWANG  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage

No. Of Passenger (Including Driver)



# Accident Sketch Plan

## SKETCH PLAN



A - PC6083R  
B - SHC7054M  
Minor Road near airport boulevard

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Lined area for describing the circumstances of the accident.

## DECLARATION

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

Policyholder's Signature  
Date & Time:

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

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

## Accident 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.
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:

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

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	817N

### Vehicle Details

Vehicle No.:	PC6083R
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Sep 2019
Vehicle Make:	YUTONG
Vehicle Model:	ZK6126HGA AUTO
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	ISB67E5285B22218954
Chassis No.:	LZYTAGE61G1069627
Maximum Power Output:	-
Open Market Value:	\$190,334.00
Original Registration Date:	27 Jul 2017
First Registration Date:	27 Jul 2017
Transfer Count:	0
Actual ARF Paid:	\$9,517.00

### Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

### Intended COE Rebate Details

COE Expiry Date:	26 Jul 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$26,501.00
COE Rebate Amount:	\$20,759.00
<b>Total Rebate Amount:</b>	<b>\$20,759.00</b>

The information contained herein is correct as at 26 Sep 2019

OK



WTS Engineering Pte Ltd  
8 Gul Circle, Singapore 629564 Tel: 65598984 Fax: 68622163  
Company Registration Number: 200505706E

## Quotation

DATE: 18/09/19  
VEHICLE NO: PC6083R  
DRIVER: TAY THIAM POH  
ATTENTION TO:  
PREPARED BY: Chan Soo Lye

LOCATION: Gul Workshop  
Q REF No: Q19/09/1061  
DEPARTMENT: WTS Bus Department  
ACCIDENT DATE: 13/09/19  
REF No: JW-0919-511

S/N	Description	Qty	Cost per Unit	Amount S\$
<b>Spare Parts</b>				
1	REAR LHS CORNER BUMPER	1	384	384.00
2	REVERSER SENSOR	1	46	46.00
<b>Labour Costs</b>				
1	TO REMOVE AND REPLACE REAR BUMPER LHS CORNER PORTION. PANEL BEAT REAR LHS PANEL AND REPLACE REAR SENSOR	1	500	<del>500.00</del> 400
2	REPLACE REAR BUMPER STICKER AND SIDE PANEL STICKER.	1	600	<del>600.00</del> 500
<b>Spray Paint</b>				
1	Spray Painting TO SPRAY PAINTING REAR BUMPER AND SIDE PANEL.	1	400	<del>400.00</del> 300
<b>TOTAL:</b>				1,930.00
<b>Total Amount</b>				SGD 1,930.00

Remarks:  
ESTIMATE QUOTATION

Signature of Workshop Dpt

Signature of Department Head

Signature of Claim Department

Kahin 1 (10/10)

25/9/19 10:35h

3 days.

Lumpsum Repair

After Repair p/ks

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification is allowed
- Supplementary repairs must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:




## 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/FCI19016606/K1sf3s2		
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 11-11-2019		
		Code : FCI2		
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SHC 7054M	Veh. Inspected	PC 6083R	
Policy No.		Coverage (\$)	0.00	
Claim No.	D19005945MFSH	Excess (\$)	0.00	
Assign From	MERINA CHIA SAN SAN	Assign Date	20/09/2019	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	YUTONG	c.c	6690	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	LZYTAGE61G1069627	Colour	WHITE / PURPLE	
Odometer	235946	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	275/70 R22.5	AUFINE	4 mm	
L/H Front Tyre	275/70 R22.5	AUFINE	4 mm	
R/H Rear Tyre	275/70 R22.5 (D)	AUFINE	4/4 mm	
L/H Rear Tyre	275/70 R22.5 (D)	AUFINE	4/4 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	13/09/2019	Inspection Date	25/09/2019	
Survey held at	CHANGI AIRPORT TERMINAL 4 (COACHBAY)			
Repairer	WOODLANDS TRANSPORT SERVICE PTE. LTD.			
<b>5a. Remarks</b>				
A)THE VEHICLE HAS NOT SEND IN FOR REPAIR. B)DAMAGES CONSISTENT TO ACCIDENT REPORT. C)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. D)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 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 1

**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. PC 6083R**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b>REPLACEMENT OF PARTS</b>			
1	REAR LHS CORNER BUMPER (SN)	DEFORMED	384.00	384.00
1	REVERSE SENSOR (SN)	SHORTED	46.00	46.00
			430.00	430.00
	<b>LABOUR</b>			
	TO REMOVE AND REPLACE REAR BUMPER LHS CORNER PORTION.PANEL BEAT REAR LHS PANEL AND REPLACE REAR SENSOR.		500.00	400.00
	REPLACE REAR BUMPER STICKER AND SIDE PANEL STICKER.		600.00	500.00
	TO SPRAY PAINTING REAR BUMPER AND SIDE PANEL.		400.00	300.00
			1,500.00	1,200.00
	<b>GRAND TOTAL</b>		<b>1,930.00</b>	<b>1,630.00</b>
	<b>RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE)</b>			<b>1,630.00</b>

Report Ref No. CS/FCI19016606/K1sf3s2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

ADRIAN LING WAI PING

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

Licensed Appraiser

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