ameur: Kalvin	" REF: NS/INC 190	176881 EISF	302		
	AS	SIGNMENT	i i		
From:	Date; .	Veh Nó:	SHD36	755Yr Regn: 70	d 211
Estimated Cost:			.Cycle / Bus / Van / I		
OD TP WS ITP RES I OD RE	S / EVA / INV / MV	Truck / T		confi ( B) i riille w	lover /
To Insped Vehicle No:		Make:	Toyda 1	Poins	12.00
at Workshop m/s		Colour	Rho		17.98 1811/11/11
of		Sp.Reading	39 4771	T/Radlo: Insu@d	
Insured: 91P32451	M	Eng/No:			
Policy No. 5104 56266	2-01 (23/8/19-	C/No:	57	OKB3A45	3577762
Claims No. MT/1065	971-002	Gen. Cond: Goo	d   Par   Poor   Burn		*'.
Sum Insured:	Excess:	Steering: Inorde	f I Jammed / Leaked	/ Burnt or	
(Client's Record)		Brake: Inor	f / Jammed / Leaked	/ Burnt or	
Make of Veh:		Modi: NII / S/	Rim / STD ARim o	ır	
	٧	Tyre Size;	F:	195/65KG	5
(Policy Condition)		]	R:	~.	
Remark: The veh had commend	100,000	BS / DUN / EXNO	OVA / GY / FS / LIZA	/ MIC / OHTSU / PIR	/SUMI/
repair at the time of in	spection.	τογο/γοκο	Annual desirate read become recognise to the	Parasti.	
Bal. or Market Value:	State Weller	Front	20 20 20 20 20 20 20 20 20 20 20 20 20 2	Rear	
IDAC Accident Rport:	Consistent? : Yes or No	R/Bal.	7 <sub>mm</sub>	R/Bal.	7 mm.
GIA / PR Seen:	Consistent? : Yes or No .	L/Bal.	mm	L/Bal.	mm
Est. Repairs; da	ays Res.: Yes or No	D.O.A. 6/10	119	D.O.I. 7/10	90,000
Lum Sum: %	3 Val.: Yes or No	Survey held at	C)	DGE /Zoyan	( )
CA / REV / REP. / 24 HF	00	Des. of Damages	: Frt / Rear / O/S	I N/S I U/C I Rooft	op or
	Vehicle: IN / OUT	U 10	-/	5 Frot	
Date:Person Co		The U/C / Ch	assis frame / Body	Structure affected of	due to collision.
Date / Time Action / Instruc		112: 6			
5117 52451	5- ((4/1) 190044B1/tg	12291 1/0	A- 03/03/2		
15/10/19 Cfr 1	4/3 \$ 3200/ 3 Pm			45	
	0.53 Red - 32%				
	no son				
	DECEN	70 - 1 002			
	RECEIVE	ED 15 UUI.	2019		
D-1 7 - 10 - 1			* 7		
Date/Time, File Pass 10?	Prell. Report	Days Of Repair:	3.	1	
	inal Report	Resurvey No. of	Trip:(	Survey Fee:	
Date/Time, File Return to?	8	Ш,		Transportation:	
2)	Add Fee			_)S + RSSI	
		: Interview	(\$	Photos	
- 4	10 20	100	0.50	****	160
\$ 3,2	00/- US			A see	
one-section					

Hello, NAC\_PAYA\_UBI\_800601

Change Language

Change Password

· Log Out

My Desktop Notice of Loss

**Policy Query** 

Vehicle No.(For Motor)

Policy No.

SJP3245M

Date of Accident Certificate Number

drivo CLASSIC

06/10/2019 09:47

Search

Select Policy No.

5104562062-01

Certificate Number

Policyholder Name SWEE HENG MOTOR LEASING PTE. LTD. Policyholder NRIC

201827189W

Product Cover Type

Vehicle No.

SJP3245M SJP3245M

Insured Object

Expiry Date

Commence Date

23/08/2019

Continue

TP Claims against NTUC Income: Follow-Through Survey

Date: 15/10/2019

	Concept Dates	Commence of the Party and the second	Claimant Vohicle No	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
S/No	Income Reference	Claimant (Owner / Taxi Company)	Cidilliain Vellicie no:				000000	1 400 00
,	TAT /1000000000000000000000000000000000000	CITYCAB PTE LTD	SHA 8343H	FBJ 5573D	10/10/2019	08:40	\$ 2,350.20	0
-	INI / TODOC 30-007					17.00	C7 OCT	3 300 00
,	AAT /40CE074 002	COMMEDIA TRANSPORTATION PTE LTD	SHD 3675S	SJP 3245M	06/10/2019	11:55	\$ 4,730.53	•
7	700-T /6COOT / IM			CONTRACTOR CONTRACTOR	The second secon		CO C15 0	2 900 00
	MT/1066309-002	COMFORT TRANSPORTATION PTE LTD	SHD 4662Y	SLB 4313T	09/10/2019	23:40	30.7176 6	n-
	TALL TOOOSOS OF							

#### 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 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.

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

	ACCIDENT STATEMENT		
Date Of Report	07/10/2019 10:13		
Date Of Accident	06/10/2019 11:55		
Exact Location Of Accident	BUKIT TIMAH RD X SECOND AVE		
Country/State of Loss	SINGAPORE		
THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN	DETAILS OF OWN VEHICLE		

	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHD3675S	
Insured/Policyholder		
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD	
Co Reg No	199303821R	
Email Address	FLEETSAFETY@CDGTAXI.COM.SG	
Mobile Phone No		
Alternative Phone No	OFFICE-65508768	
Vehicle Particulars		

Vehicle Particulars		
Manufacturer	TOYOTA	
Model	PRIUS HYBRID 4G	
Exact Purpose for which vehicle w	as being used at	

time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

If No. Please state action to be taken

THIRD PARTY

TAXI Vehicle Category

Insurance Company

INDIA INTERNATIONAL INSURANCE PTE LTD Name of Insurance Company

THIRD PARTY FIRE AND/OR THEFT Type Of Coverage

YES Fleet Policy

MCOM0015 Policy Number

Cover Note Number

Driver

ABDOL RAHMAN BIN MALIM Name of Driver

S0603911A NRIC No 27/08/1948 Date Of Birth OUTDOOR Occupation 30/09/1970 Date Of Driving Pass

49 YEARS AND 0 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-84522105 Mobile Number

Fax Number

Contact Number

NOEMAIL EMail Address

Address

BLK 32 TEBAN GARDENS ROAD

#02-355

Postcode

600032

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

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

2

involved in the accident

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:

GENDER:

: MALE

Passenger 2

NAME:

0.8

GENDER:

: FEMALE

Passenger 3

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

REFER ATTACHED

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

SJP3245M

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

TIAN XIUTING

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

LH REAR

No. Of Passenger (Including Driver)

#### Sketch Plan Pg. 1

#### IMPORTANT NOTICE

- 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 <u>repudiate policy liability</u>.
- 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.
- 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.
- 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)

l 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) iny 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.

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

Policyholder's Signature Date & Time: Or ver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Alabar Sketchblar form Va

The Contract of the Contract o

## Sketch Plan Pg. 2

	Seemel	
		A13HD36755
Bukit	Timah Road	B) STP3245M
was Lavelling Weh B from a left turn wollided on fo	t'about 1155 l of along las on law 2 To enter Se the right	in while I veh A ne 3 (extreme lane) Inoldenty made cond he and font profon of sus formed dawn
0	lt vear por	
		1
PECLARATION  TWO declare the foregoing particular  MEORY TRANSPORTATION PT  CO. REG. NO. 199303821R	TELTOGE OF A	Nha

Page 5 of 19

# OMFORTDELGRO

member of COMFORTDELGRO

## ComfortDelGro Engineering Pte Ltd

CHASSIS CODE TO THE COMPLETION DATE/TIME

226 Braudett Roud Sergapore 579701 Mainline + 65 6383 6280 Pacsimile + 65 6280 9755

Workshops
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pendam Road Singapore 809298
Date/Time: Up (79:3 109:02019 41:44 Page: 1

JC NO.: 305339333 JOB CARD Sales Order: Team: ARC Repair TP(CLSO)1 REGN NO.: SHD3675S MILEAGE OMER COMFORT TRANSPORTATION PTE LTD MAKE: TOYOTA 7010045 OMERNO 383 SIN MING DRIVE E.....1/2..... PRIUS HYBRID(G4)06.10.2019 14:50 MODEL Singapore SINGAPORE 575717 65508755 YR OF MANUT. 10. 2016 TARGET DATE

DUNT CARD NO.

(R) (P)

JOB DESCRIPTION

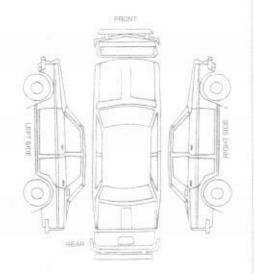
Accident Date: 06.10.2019

NATURE: 3P 06.10.19

S/NO .

LABOR CODE

DESCRIPTION



6)	
KED & PASSED OUT BY:	
SERVICE ADVISOR	CUSTOMER'S SIGNATURE
edgement Slip	Exit Pass
	Vehicle No.:

Service Advisor

SHD3675S

Signature/Date

LIMTS

Name of Service Advisor

SHD3675S

Date

## COMFORTDELGRO ENGINEERING PTE LTD

Date: 07.10.2019

Time: 12:11:29 -

Page: 1 )

REPAIR ESTIMATE

NTILC-45

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

LKK - Kalvin.

JOB NO REGN NO : 305339333 : SHD3675S MILEAGE : 0000000000 : TOYOTA

MAKE : PRIUS HYBRID(G4) MODEL

DATE OF REGN : 07.10.2016 DATE/TIME IN : 06.10.2019 14:50 ACCIDENT DATE : 06.10.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0005 04-01-0302-2297-G FRT FENDER (HYBRID) RH 1 53.50 25.00 40.12 1 1,555.10 25.00 1,166.32 0006 03-01-0302-2020-G FRT SPORT RIM RH 216.00 × 0007 195/65R15 DX390 FRT DAVANTI TYRE RH 1 216.00

SUB-TOTAL : 3,230.53

...

### JOB NATURE

0000 20-05	Frt Fender ComfortDelGro RH	100.00
0001 PB	PANEL BEATING	709.00 480
0002 SP	SPRAYPAINT CHARGE	500.00 KOO
0003 17-01	CHECK ALL LIGHTING	49.00 30

## COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 07.10.2019

Time: 12:11:29 -

Page: 2

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

JOB NO

REGN NO

: 305339333 : SHD3675S : 0000000000

MILEAGE MAKE

: TOYOTA

MODEL DATE OF REGN : 07.10.2016

: PRIUS HYBRID(C

DATE/TIME IN

: 06.10.2019 14:50

ACCIDENT DATE : 06.10.2019

JOB / PARTS DESCRIPTION

OTY IND UNIT-PRICE DISC% AMOUNT

0004 20-00

TUFF COAT ON AFFECTED PARTS.

40.00 20

0005 L

DATE:

WHEEL ALIGNMENT

120.00 × 11

SUB-TOTAL : 1,500.00

TOTAL : 4,730.53

AUTHORISED: YES / NO

MVA NAME & SIGNATURE

DATE:

SURVEYOR NAME & SIGNATURE

Kalin ICKA 4/10/19 1235h 3 Pys Us After Repair phto



Our Job Ref No :

6 Overrun

305339333

Date

10/10/19

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

	IZATION	FORM
LINA	I/AIII)N	FURN

0	: _	LK	K	2	Fax:	
Attn		KALV	IN ANG	_		
/ehic	le Reg	No. : SHD367	75S	Date o	of Accident :	06-Oct-19
Γhe s	survey	and estimates of the	repairs of the above	e-mentioned v	vehicle are as fo	ollows:-
L		epair job shall bill to:	1700	uc		SJP3245M
		inalized amount shal				
2.		Spare Parts after L				
	(a)		ist discount			
	(b)	Labour Charges	n . n			
		Total for Part-By-	Part Repair Cost			
	(c.)	Lumpsum Repair (		ess: 20%		\$3,200.00
	Total for Lumpsum repair cost after Less: Final Lumpsum Repair cost			SS: 20%		\$3,200.00
4.	We s	shall treat the above in 7 working days	e amount as Corre	ct and Confi	med if there is	s no reply from yo
<ol> <li>4.</li> <li>5.</li> </ol>	with	shall treat the above in 7 working days nk you for your assis		We	confirm the es	
	Than	in 7 working days		We fina Sig	confirm the es dized amount	timates and
	Than	in 7 working days  nk you for your assis		We fina	confirm the es dized amount	timates and
	Than	in 7 working days  nk you for your assis  nature :  LIMTS		We fina Sig	confirm the es dized amount nature	timates and
	with Than Sign Nam	in 7 working days  nk you for your assis  nature :  LIMTS  6	tance.	We fina Sig Na	confirm the es dized amount nature	timates and
5.	Sign Nam Tel Fax	in 7 working days  nk you for your assis  nature :  LIMTS  6	tance.	We fina Sig Na	confirm the es dized amount nature	timates and
5.	Sign Nam Tel Fax	in 7 working days  hk you for your assis  hature:  LIMTS  6	tance.	We fina Sig Na	confirm the es dized amount nature	timates and
For	with Than Sign Nam Tel Fax	in 7 working days  hk you for your assis  hature:  LIM T S  LIM T S  6  6  al Use Only	2148398 5468156	Sig Na Da  Document Attached	nature te :	KALVIN
5. For	with Than Sign Nam Tel Fax Officia	in 7 working days  nk you for your assis  nature :  LIMTS  6  6  al Use Only	2148398 5468156	Sig Na Da  Document Attached Yes or No	nature te :	KALVIN
For 1. 2.	with Than Sign Nam Tel Fax Officia	in 7 working days  nk you for your assis  nature :  LIM T S  LIM T S  6  6  al Use Only  Item  Rate P/Day  Income Paid	2148398 5468156	Sig Na Da  Document Attached Yes or No YES	nature te :	KALVIN
5. For 1. 2. 3. 4.	Sign Nam Tel Fax Officia Rental Loss of Survey	in 7 working days  nk you for your assis  nature :  LIM T S  LIM T S  6  6  al Use Only  Item  Rate P/Day  Income Paid	2148398 5468156	Sig Na Da  Document Attached Yes or No YES	nature te :	KALVIN

Remarks:			
-			



# **National Assessment Centre Services**

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







NTUC	INCOME INSUR	ANCE CO-OPERATIVE LTD	Ref:	NS/INC1901768	8/K1sf3n2	
73 BF #05-0 1895:		) JINION HOUSESINGAPORE	Date:	17-10-2019 INC4		
		Policy Particulars	333333	(45) 58()		
1.		SJP 3245M		nspected	SHD 3675S	
	Insured Veh.	5104562062-01	_	rage (\$)	0.00	
	Policy No.	MT/1065971-002	Exces		0.00	
	Claim No.	M1/10659/1-002	-		07/10/2019	
	Assign From Assign Date  Vehicle Particulars & Condition					
		c.c	a Condition	1798		
	Make & Model	HIDDEN	-	of Reg.	2016	
	Engine No.	JTDKB3FU503533362	Color		BLUE	
	Odometer 394771 Steering			IN ORDER		
_			STANDARD ALLOY RIM			
	Brakes	FAIR	Modification			
•	General	(E-57-(E67-2))	ions of	Tyres		
3.	A STATE OF THE STA	Size	Make		Balance	
	R/H Front Tyre	195/65 R15	DAVA		7 mm	
_	L/H Front Tyre	195/65 R15	DAVA	NTI	7 mm	
	R/H Rear Tyre	195/65 R15	DAVA	NTI	7 mm	
	L/H Rear Tyre	195/65 R15	DAVA	NTI	7 mm	
4.		Descript	ion of D	Damages		
1000	THE VEHICLE SU	STAINED DAMAGES AT THE O	S FRON	IT PORTION.		
	DAMAGES SEE D	ETAII S				
5.	DAMAGEG GEE B		al Infor	mation		
-	Accident Date	06/10/2019	Inspe	ection Date	07/10/2019	
	Survey held at	COMFORTDELGRO ENGINE	RING P	TE LTD		
		59 LOYANG DRIVE SINGAPORE 508969				
5a.			Remark			
	A)THE INSPECTION B)IN ACCORDAN	ON WAS CONDUCTED ON A"W CE TO YOUR INSTRUCTIONS,	ITHOUT WE HAV	PREJUDICE" BASI E NOT AUTHORISI	S. ED REPAIRS.	
5b.				of Repair		
	ESTIMATED NOR	RMAL PERIOD FOR REPAIR:		3 Working Days	s	



# **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



## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 3675S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS		2000	V.0004-044)
1	FRONT BUMPER	DEFORMED	490.50	490.50
1	FRT BUMPER SIDE BRKT RH	SERVICEABLE	77.00	12
1	FOGLAMP RH	GRAZED	910.20	910.20
1	FRT FENDER RH	BUCKLED	933.10	933.10
1	FRT FENDER (HYBRID) RH	NECESSARY	53.50	53.50
- 11	FRT SPORT RIM RH	GRAZED	1,555.10	1,555.10
	LESS 25% DISCOUNT		-1,004.85	-985.60
			3,014.55	2,956.80
	SPECIAL NETT ITEMS			
1	FRT DAVANTI TYRE RH (SN)	SERVICEABLE	216.00	
1	FRT FENDER COMFORTDELGRO RH (SN)	NECESSARY	100.00	100.00
			316.00	100.00
	LABOUR			
	PANEL BEATING.		700.00	
	SPRAYPAINT CHARGE.		500.00	
	CHECK ALL LIGHTING.	4	40.00	10.000
	TUFF COAT ON AFFECTED PARTS.		40.00	20.00
	WHEEL ALIGNMENT.	NOT NECESSARY	120.00	
			1,400.00	930.00
	GRAND TOTAL		4,730.55	3,986.80
177	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			3,200.00

Report Ref No. NS/INC19017688/K1sf3n2

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 contact or tors, 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.