

REF: NS/INC19018118 / PVP32

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# ASSIGNMENT

Event: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To inspect Vehicle No: \_\_\_\_\_  
 at Workshop no: \_\_\_\_\_  
 of: \_\_\_\_\_  
 Insured: **SV 36695**  
 Policy No: **5106804607 (30/01/2019 - )**  
 Claim No: **MT/1067106-002**  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

(Policy Condition)

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



Bal or Market Value: \_\_\_\_\_  
 IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Reports: \_\_\_\_\_ days Res: Yes or No  
 Est. Sum: \_\_\_\_\_ % 3 Val: Yes or No

CA / REV / REP / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: **SHA 7379L** Yr Bgn: **02 Apr 2015**  
 Type: M/Car / M/Cycle / Bus / Van / Lorry / **(Taxi)** / Prime Mover /  
 Truck / Trailer or  
 Make: **Hyundai** / **140** **1685**  
 Colour: **blue** A/C: **Insured / Std / NI / NA**  
 Sp. Rnding: **705321** TB (allo): **Insured / Std / NI / NA**  
 Eng/No: \_\_\_\_\_  
 C/Nr: **KMHLEB41UMFU067839**  
 Gen. Cond: Good / **(Fair)** / Poor / Burnt  
 Steering: **(Inorder)** / Jammed / Leaked / Burnt or  
 Brakes: **(Inorder)** / Jammed / Leaked / Burnt or  
 Modi: Nil / S/Rim / **(STD A/Rim)** or  
 Tyre Size: **F: 205/60 R16**  
**R: \_\_\_\_\_**

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or **WESTLAK**

Front	Rear
R/Bal. 7 mm	R/Bal. 7 mm
L/Bal. 7 mm	L/Bal. 7 mm
D.O.A. 11/10/19	D.O.A. 14/10/19

Survey held at **Comfort delgro (Loyang)**

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

**Rear of N/S of N/S rear**

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

Date / Time: \_\_\_\_\_ Action / Instruction  
**SV 36695: X**  
**SHA 7379L: CS/TMI/19011818/K2vd352 DOA: 26/06/2019**  
**LS: \$1300/= 3 repairs (Red 3653.16, 749)**  
**Confirm on 22/10/19**

**NTUC**  
**L/S**

RECEIVED 24 OCT 2019

(How/Time, File Pass to?)

☐ : Prelim. Report

(How/Time, File Return to?)

☐ : Final Report

Days Of Repair: **3**

Resurvey No. of Trip: **1**

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech Invs (\$

☐ : Weekend (\$

Report Format: **TP**

Lump Sum / I.B.I. (\$) **1300/=**

Survey Fee:

Transportation

5.400.00

Others

Others

Others

# TP Claims against NTUC Income: Follow-Through Survey

Date : 23/10/19

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1067044-002	COMFORTDELGRO ENGINEERING PTE LTD	SH 9922M	SLW 4498H	12/10/2019	20:10	\$ 2,144.80
2	MT/1066675-002	COMFORTDELGRO ENGINEERING PTE LTD	SH 7942T	SGU 2403P	12/10/2019	13:20	\$ 2,622.56
3	MT/1067109-002	COMFORTDELGRO ENGINEERING PTE LTD	SHA 2040X	SLW 6921P	15/10/2019	19:50	\$ 2,419.06
4	MT/1067106-002	COMFORTDELGRO ENGINEERING PTE LTD	SHA 7379L	SIV 3669S	11/10/2019	21:25	\$ 4,953.16

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="11/10/2019 10:00"/>							
Vehicle No. (For Motor)	<input type="text" value="SV3669S"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5106804607		LITTLE WHEELS PTE LTD	2018330150	GFT	Third Party	SV3669S	SV3669S	30/01/2019	
<input type="button" value="Continue"/>										

## 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	14/10/2019 13:19
Date Of Accident	11/10/2019 21:25
Exact Location Of Accident	JALAN BUKIT HO SWEE TWDS ZION ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7379L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFTY@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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

### Driver

Name of Driver	TEO TECK BENG
NRIC No	S6931916E
Date Of Birth	04/09/1969
Occupation	OUTDOOR
Date Of Driving Pass	18/10/1989
Driving Experience	29 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91061819
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	111 #09-192 BUKIT PURMEI ROAD
Postcode	090111
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)	2
Passenger 1	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	SJV3669S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN KELVIN
NRIC/Passport Number	
Contact Number	82229875
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT RHT

No. Of Passenger (Including Driver)

## SKETCH PLAN



A- SHA 7379L  
B- SJV 3669S

Along Jalan Bukit Ho Swee twds Zion Rd

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11.10.2019 @ 2125hrs I was travelling along Jalan Bukit Ho Swee twds  
Zion Rd with one female passenger onboard.

As I was travelling straight suddenly veh(B) dashed out from my left and hit onto  
my vehicle ~~right rear~~ *left* portion.

I have company video and photos at scene to support my claims and no injuries.

Veh(B) SJV 3669S - MR Tan Kelvin HP:8222 9875

## DECLARATION

We declare the foregoing particulars are true in every respect.  
COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 12.10.2019@1145hrs

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

**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.

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

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 12.10.2019@1145hrs

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



# COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

## ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701  
Mainline + 65 6383 5280 Facsimile + 65 6280 8755

### Workshops

59 Loryang Drive Singapore 509368  
383 Sin Ming Drive Singapore 575717  
45 Pandan Road Singapore 609286  
570 Upper Road Singapore 370099

24 Senoko Loop Singapore 758156  
7 Sungai Kadut Way Singapore 728791  
501 Yehun Industrial Park A Singapore 768732

Date/Time: 14.10.2019 14:19

Page : 1

Team: ARC Repair TP(CLSO)1

## JOB CARD

Sales Order:

JC NO.: 305341068

COMER

AS COMFORT TRANSPORTATION PTE LTD  
OMER NO. 7010045  
ESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
(R) 65508755 (O)

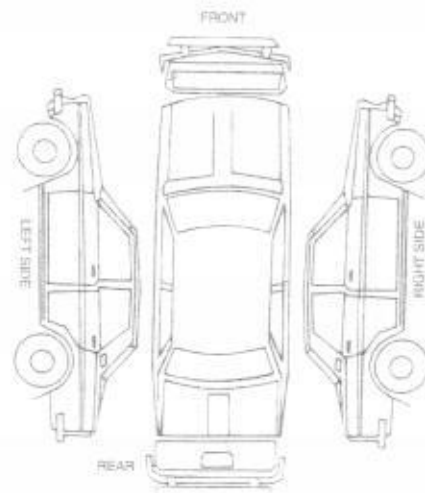
OUNT CARD NO.

REGN NO.: SHA7379L	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 12.10.2019 10:55
YR OF MANUF 02.04.2015	TARGET DATE
CHASSIS CODE KMHLB41UMFU067839	COMPLETION DATE/TIME:

Accident Date: 11.10.2019  
NATURE: 3P 11.10.19

### JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

idgement Slip

Exit Pass

SHA7379L

LIMITS

Vehicle No.:

SHA7379L

Service Advisor

Signature/Date

Name of Service Advisor

Date

rned to Service Reception upon collection

To be kept by Security Guard

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHA 7379L

MAKE :

MODEL : HYUNDAI i40

DATE : 14.10.2019

NTUC-4S

TS

LKK-

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper X (Repair)			\$ 553.00
	Rear Bumper Clip 10 pcs Xnn			\$ 22.00
	Rear Bumper Bracket, LH 9 Xnn			\$ 35.60
	Rear Door (LH) X Repair			\$ 2,201.10
	Rocker Panel Outer Garnish (LH) X (Repair)			\$ 341.40
	Rear Wheel Hup-Cap (LH) SCR			\$ 107.10
	<b>SUB TOTAL</b>			<b>\$ 3,260.20</b>
	<b>LESS 20%</b>			<b>\$ 652.04</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 2,608.16</b>
				<b>\$ 95.68</b>
	Rear Door Comfortdelgro & Apps Sticker (LH) nec			\$ 80.00
	Front Door Coloured Comfort Logo (LH) nec			\$ 75.00
				<b>Nett \$72</b>
				<b>Nett \$67.5</b>
				<b>\$ 155.00</b>
	<b>Labour Charge</b>			
	Panel Beating-Repair Rear LH Fender & Frt LH Door	Rear LH DOOR		\$ 600.00
	Spray Painting Charge			\$ 1,250.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 50.00
	Transfer of Door			\$ 120.00
	Rear Wheel Alignment			\$ 120.00
	<b>TOTAL LABOUR</b>			<b>\$ 2,190.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 4,953.16</b>
				<b>\$ 1420</b>
				<b>\$ 1645.12</b>
	<b>LKK Auto Consultants</b> 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(s) is allowed			
	• Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company			
	Acknowledged by Repairer			
	Signature:			
	This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.			

Signature  
15/10/19

Ram (LKK)  
14/10/19 1445hrs  
repair days: 3 days  
Paraschram@LKK.com.sg  
88622778 (4P)

(L/S)  
aft repair photo required

L/S 15/10

Our Job Ref No : 305341068

Date : 18/10/19

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

Vehicle Reg No. : SHA7379L

Date of Accident : 11-Oct-19

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

1. The repair job shall bill to: NTUC --- SJV3669S
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% \$1,300.00
- Final Lumpsum Repair cost \$1,300.00**

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 : RAM

Date : 22/10/2019

## 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/INC19018118/Fvf3s2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 29-10-2019  
189556



Code: INC4

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

Insured Veh.	SJV 3669S	Veh. Inspected	SHA 7379L
Policy No.	5106804607	Coverage (\$)	0.00
Claim No.	MT/1067106-002	Excess (\$)	0.00
Assign From		Assign Date	14/10/2019

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU067839	Colour	BLUE
Odometer	705321	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	WEST LAKE	7 mm
L/H Front Tyre	205/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	7 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION, N/S BODY AND N/S REAR PORTION. DAMAGES SEE DETAILS.
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### 5. General Information

Accident Date	11/10/2019	Inspection Date	14/10/2019
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.
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### 5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 Working Days
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**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



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**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 7379L**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR BUMPER	TO REPAIR SEE LABOUR	553.00	-
10	REAR BUMPER CLIP	NOT NECESSARY	22.00	-
1	REAR BUMPER BRACKET, LH	NOT NECESSARY	35.60	-
1	REAR DOOR (LH)	TO REPAIR SEE LABOUR	2,201.10	-
1	ROCKER PANEL OUTER GARNISH (LH)	TO REPAIR SEE LABOUR	341.40	-
1	REAR WHEEL HUP-CAP (LH)	SCRATCHED	107.10	107.10
	LESS 20% DISCOUNT		-652.04	-21.42
			2,608.16	85.68
<b>SPECIAL NETT ITEMS</b>				
1	REAR DOOR COMFORTDELGRO & APPS STICKER (LH) (SN)	NECESSARY	80.00	72.00
1	FRONT DOOR COLOURED COMFORT LOGO (LH) (SN)	NECESSARY	75.00	67.50
			155.00	139.50
<b>LABOUR</b>				
	PANEL BEATING - REPAIR REAR LH FENDER & FRT LH DOOR & REAR LH DOOR. INCLUSIVE OF THE REPAIR OF REAR BUMPER AND ROCKER PANEL OUTER GARNISH (LH).		600.00	420.00
	SPRAY PAINTING CHARGE.		1,250.00	1,000.00
	WIRIKNG CHARGE.	NOT NECESSARY	50.00	-
	TUFF KOTE.	NOT NECESSARY	50.00	-
	TRANSFER OF DOOR.	NOT NECESSARY	120.00	-
	REAR WHEEL ALIGNMENT.	NOT NECESSARY	120.00	-
			2,190.00	1,420.00
<b>GRAND TOTAL</b>			<b>4,953.16</b>	<b>1,645.18</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>1,300.00</b>

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PARASURAM S/O SHANMUGAM

Asst. Automotive Assessor

K.K.LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE,  
MInstAEA, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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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.