

22872390

ASS. REC. BY:

REF: CS/FCI 19020910 / Ev d3²²

Special Instruction:

Surveyor: Steve

ASSIGNMENT (Office)

From (Person): Rachel Williams

of PCI

Date/Time: 12:23pm @ 26/11/19

Estimated Cost: Bill to:

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

To inspect Vehicle No: SKU 4079G

Insured: SHA 98104

at Workshop m/s Gunokets

Tel: 6331 0682

of 27A Tanjung Permai

Policy No:

Claim No: D190074507FSL

Sum Insured:

Excess:

Make of Veh:
(Client's Record)

D.O.A. 21/11/19

CA / REV / REP. / REV 24 HRS

wp

H.O.D. Endorsement:

Date/Time: 12:23pm @ 26/11/19

Person Contacted:

Jobi

Vehicle IN (OUT)

Date/Time	Action/Instruction
	Estimated (✓)
	SHA 98104 CC3/CTI16014010/H121302 dx.p: 26/11/2016
	SKU 4079G: X
6/12/19	Email preli revised to FCI
7/12/20	@ 2:44pm Jobi said vehicle not repair yet, pending liability
10/2/20	Recd email from Jobi TP withdraw claim.

MOTOR SURVEY ASSIGNMENT

Date	25-11-2019	Our Ref No. D19007450MFSH
Accident Date	21-11-2019	Claim Type. Third Party
Insured Vehicle	SHA9810U	Third Party Vehicle. SKU4079G
Survey Location	27A TANJONG PENJURU	
Contact Person.	JOBI THOMAS	
Contact No.	63310680/ 0	Fax No. 63310690
Survey Type	WITHOUT PREJUDICE:	
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	EUROKARS HABITAT PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	RACHELWU LIMEI	

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.

Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Friday, 6 December 2019 1:28 PM
To: 'CWS Motor Claims'
Cc: 'Rachel Wu'; SUR
Subject: RE: SURVEY ASSESSMENT - D19007450MFSH/1-SKU 4079G
Attachments: SKU 4079G PRELI ADVISED.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle SKU 4079G
Date of survey: 5/12/2019
Number of days (estimated) : 3 days

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Admin-D (LKKAuto) <admin-d@lkkauto.com>
Sent: Tuesday, 26 November 2019 2:03 PM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: 'Rachel Wu' <RachelWu@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D19007450MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed that vehicle is not in the workshop, repairer will arrange.

Best Regards

G.NIVITHA

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | 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: Tuesday, 26 November 2019 12:23 PM
To: ASSIGNMENTS@LKKAUTO.COM

Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Rachel Wu <RachelWu@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D19007450MFSH/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.



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



Auto
Consultants
Pte Ltd

Company Registration No. 19960719E

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 625643

Your ref: D19007450MFSH

Our ref: CS/FCI19020910/Evd3

Date : 6/12/2019

The Motor Claims Department
MS FIRST CAPITAL INSURANCE LTD

Without Prejudice

Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. SKU 4079G

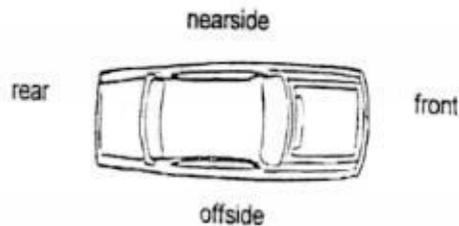
We thank you for your instruction on 26/11/2019

Please be informed that we had conducted the inspection of the above mentioned vehicle on 5/12/2019 at the premises of M/s EUROKARS HABITAT PTE LTD and have the following to report:-

Workshop Estimate Amount	: S\$6,209.61
Revised Estimate Amount	: S\$3,036.24
"Check" Items Amount	: S\$360.62
Market Value	: S\$
LTA Reimbursement Value	: S\$
Nett Value	: S\$

Description of Damage:

The vehicle sustained damages at the rear portion



Comments/Present Status:

Damages Consistent

Yours faithfully,

STEVE CHEN
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	22/11/2019 09:33
Date Of Accident	21/11/2019 13:50
Exact Location Of Accident	ORCHARD ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU4079G
Insured/Policyholder	
Name Of Registered Owner	CHAN CHEE KIN PETER
NRIC No	S1279183F
Email Address	LLL9898@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96822467
Alternative Phone No	OFFICE-97606111

Vehicle Particulars

Manufacturer	MINI
Model	COOPER-1.5 (A)
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	LOH LEE LIN
NRIC No	S1413466B
Date Of Birth	03/12/1960
Occupation	INDOOR
Date Of Driving Pass	22/01/1982
Driving Experience	37 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97606111
Fax Number	
Contact Number	
EMail Address	LLL9898@YAHOO.COM

Address	263 BUKIT TIMAH ROAD #09-17
Postcode	259704
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	SDV171B - -
Insurance Company of Driver's Own Vehicle	LIBERTY INSURANCE PTE LTD - -

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

KINDLY REFER TO THE ATTACHED SKETCH PLAN.

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	SHA9810U
Vehicle Make/Model/Colour	
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)	

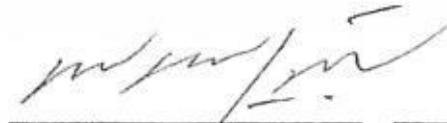
SKETCH PLAN

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:

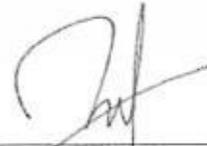
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

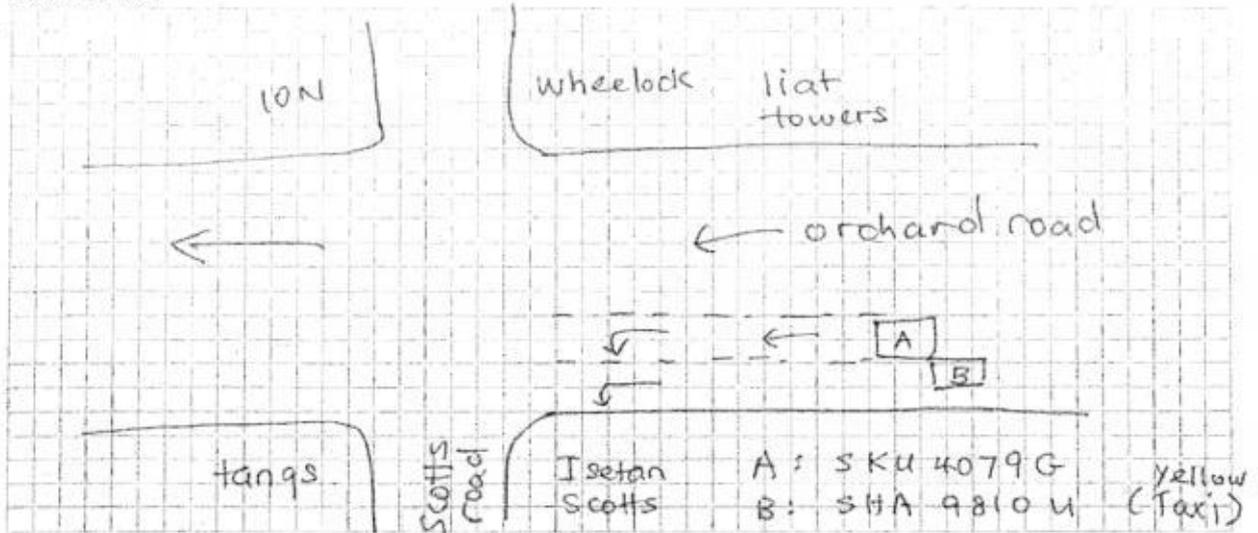


Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name: MUHAMMAD ZULHADZI
NRIC/FIN No.: 9861502M

SKETCH PLAN



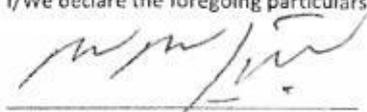
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE NO: SKU 4079G

ACCIDENT DATE: 21.11.19 Thu	CONTACT NUMBER: 97606111
ACCIDENT TIME: 1:50 pm	EMAIL: LLL9898@yahoo.com
LOCATION: orchard road	
On 21.11.19 Thu 1:50pm, travelling along orchard road, turning left to scotts road, the traffic light is red, my car ^{slow down and} stopped. Taxi ^{SHA 9810U} bang behind my rear left bumper.	
Both of us pulled ^{to} the left lane and take picture and exchange contact number.	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIMS UNDER YOUR OWN POLICY.	
PLEASE CHECK YOUR POLICY FOR MORE INFORMATION	
PLEASE STATE: () CLAIM OWN POLICY (<input checked="" type="checkbox"/>) CLAIM THIRD PARTY () REPORTING ONLY	

DECLARATION

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

x 
 Policyholder's Signature
 Date & Time:


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


 Reporting Centre Personnel's Signature
 Name: MUHAMMAD SUFAOZUL
 NRIC/FIN No.: G2861502M.



EUROKARS HABITAT PTE LTD
27A TANJONG PENJURU, SINGAPORE 609042
ESTIMATE COST OF REPAIRS



MS FIRST CAPITAL INSURANCE LTD 36 Robinson Road, City House #16-01 Singapore 068877	NAME : Mr CK Chan ADDRESS : 11B Woo Mon Chew Road Singapore 455167 TEL : 97606111	WIP : 32183 EXCESS : DATE: 25-Nov-19
ATTN. : MOTOR CLAIMS FAX :		

VEH NO : SKU4079G	DATE IN :	CONTACT PERSON : JOBI THOMAS 63310682
CHASSIS NO : WMWXS120702C73453	MILEAGE :	TYPE OF CLAIM : TP
MODEL : F55	DATE REG.: 24.07.2015	POLICY NO. :

NATURE OF WORKS

S/NO	Parts Description	QTY		REVISED	PRICES
1	REAR BUMPER / CRU	1	M51.12.7.380.024		\$ 947.12
2	BUMPER SPOILER ?	1	M51.12.7.380.030		\$ 288.86
3	BUMPER GUIDE ?	1	M51.12.7.318.755		\$ 71.76
4	CLIP / MC	2	M07.14.2.754.954		\$ 3.52
5	BLIND RIVET / MC	4	M07.14.7.411.141		\$ 15.60
6	WHEEL ARCH COVER X MI	1	M51.77.7.318.829		\$ 142.68
7	TAIL LIGHT LH X MI	1	M63.21.7.297.433		\$ 322.27
8	CHROME RING, X MI	1	M63.21.8.495.331		\$ 67.80
9		0	0		\$ -
10		0	0		\$ -

TOTAL PARTS \$ 1,859.61

\$ -

TOTAL PARTS COST \$ 1,859.61

Labour Description

1	TO REPLACE REAR BUMPER & TO REPAIR LH REAR FENDER PANEL AREAS AFFECTED BY THE ACCIDENT. 840	840	\$ 2,100.00
2	TO RESPRAY REAR BUMPER & LH REAR FENDER PANEL. 800	800	\$ 1,800.00
3	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.	NETT	\$ 150.00
4	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.	NETT	\$ 250.00
5	SUNDRIES. 100	NETT	\$ 50.00

TOTAL LABOUR \$ - \$ 4,350.00

TOTAL PARTS \$ - \$ 1,859.61

TOTAL \$ - \$ 6,209.61

LESS EXCESS \$ - \$ -

TOTAL AFTER EXCESS \$ - \$ -

GST 7% \$ - \$ -

***DISCLAIMER**

GRAND TOTAL	\$	-	\$	-
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- 1 THIS IS ONLY AN ESTIMATE FROM VISUAL INSPECTION AND SHOULD THERE BE MORE DAMAGES FOUND DURING THE PROCESS OF REPAIRING, YOU WILL BE INFORMED BEFORE THE REPAIRS ARE BEING CARRIED OUT.
- 2 TAKE NOTE THAT SHOULD YOU DECIDE NOT TO PROCEED WITH THE REPAIRS, A QUOTATION FEE OF \$400.00 WILL BE APPLY AS ACCORDINGLY FOR MAN-HOURS INVOLVED IN SOURCING FOR PARTS PRICE AS WELL AS LABOUR CHARGES.
- 3 THIS IS ONLY AN ESTIMATE BASED ON PARTS AVAILABILITIES AT CURRENT LOCAL SINGAPORE WAREHOUSE. IF THERE IS A NEED TO INCLUDE AIRFREIGHT PARTS , WE WILL INFORM DULY.

[Handwritten Signature]
6/12/19 Steve (LKK)

win mil 5/12/19, 10-45am
3 days
P/P
Ry Del spy

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(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	183F
Vehicle Details	
Vehicle No.:	SKU4079G
Vehicle to be Exported:	No
Intended Deregistration Date:	05 Dec 2019
Vehicle Make:	MINI
Vehicle Model:	ONE 5DR HB 1.2 A/T D/AB ABS DSC
Primary Colour:	Red
Manufacturing Year:	2015
Engine No.:	F9491164B38A12A
Chassis No.:	WMWXS120702C73453
Maximum Power Output:	75.0 kW (100 bhp)
Open Market Value:	\$20,451.00
Original Registration Date:	24 Jul 2015
First Registration Date:	24 Jul 2015
Transfer Count:	0
Actual ARF Paid:	\$10,632.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	23 Jul 2025
PARF Rebate Amount:	\$7,974.00
Intended COE Rebate Details	
COE Expiry Date:	23 Jul 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$58,700.00
COE Rebate Amount:	\$33,058.00
Total Rebate Amount:	\$41,032.00

The information contained herein is correct as at 05 Dec 2019

OK



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/FC119020910/Evd3s2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 11-02-2020	
		Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHA 9810U	Veh. Inspected	SKU 4079G
Policy No.		Coverage (\$)	0.00
Claim No.	D19007450MFSH	Excess (\$)	0.00
Assign From	RACHEL WU LIMEI	Assign Date	26/11/2019
2. Vehicle Particulars & Condition			
Make & Model	MINI ONE	c.c	1198
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	WMWXS120702C73453	Colour	RED
Odometer	48593	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	195/55 R16	MICHELIN	5 mm
L/H Front Tyre	195/55 R16	MICHELIN	5 mm
R/H Rear Tyre	195/55 R16	MICHELIN	5 mm
L/H Rear Tyre	195/55 R16	MICHELIN	5 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	21/11/2019	Inspection Date	05/12/2019
Survey held at	27A TANJONG PENJURU		
Repairer	EUROKARS HABITAT PTE LTD		
5a. Remarks			
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.			
5b. Estimate Days of Repair			
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. SKU 4079G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	CRUSHED	947.12	947.12
1	BUMPER SPOILER	* CHECK	288.86	-
1	BUMPER GUIDE	* CHECK	71.76	-
2	CLIP	NECESSARY	3.52	3.52
4	BLIND RIVET	NECESSARY	15.60	15.60
1	WHEEL ARCH COVER	NOT NECESSARY	142.68	-
1	TAIL LIGHT LH	NOT NECESSARY	322.27	-
1	CHROME RING,	NOT NECESSARY	67.80	-
			1,859.61	966.24
SPECIAL NETT ITEMS				
1	SUNDRIES (SN)	NECESSARY	50.00	30.00
			50.00	30.00
LABOUR				
TO REPLACE REAR BUMPER & TO REPAIR LH REAR FENDER PANEL AREAS AFFECTED BY THE ACCIDENT.			2,100.00	840.00
TO RESPRAY REAR BUMPER & LH REAR FENDER PANEL.			1,800.00	800.00
TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.			150.00	150.00
TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.			250.00	250.00
			4,300.00	2,040.00
GRAND TOTAL			6,209.61	3,036.24
RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE) (EXCLUDE CHECK ITEMS S\$360.62 NETT)				3,036.24

Report Ref No. CS/FCI19020910/Evd3s2

CHEN TSUE YEE

Automotive Assessor

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 contract or tort, is accepted to any third party who may rely 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.