

NS/INC 19021609/Fsf302

NS/INC 19021609/Fsf302

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: **SKG 5243R**

Policy No. **5060240472-06 (191-06/29 - 13/06/22)**

Claims No. **MT/1074824-002**

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: **SHD 7183T** Yr Regn: **17/11/2016**

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

Truck / Trailer or

Make: **Hyundai 140** C.C. **1685**

Colour: **blue** A/C: **Insured / Std / NI / NA**

Sp. Reading: **58128.6** T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: **KMH LB41UMHU 096415**

Gen. Cond: **Good / Fair / Poor / Burnt**

Steering: **Inorder / Jammed / Leaked / Burnt or**

Brake: **Inorder / Jammed / Leaked / Burnt or**

Modi: **Nil / S/Rim / STD A/Rim or**

Tyre Size: **F: 205/60 R14**

R: _____

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

TOYO / YOKO or **WPSILAKE**

Front

Rear

R/Bal. **6** mm R/Bal. **6** mm

L/Bal. **6** mm L/Bal. **6** mm

D.O.A. **05/12/19** D.O.I. **6/12/19**

Survey held at **Comfort Hotel (Layan)**

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

Frnt & o/s frnt

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

Date / Time Action / Instruction

SKG 5243R : X

SHD 7183T : NS/INC18018676/K25002 Date: 12/10/2018

L/S : \$2500/=

3 repair days

confirmation on 16/12/19 with LIMITS

(\$ 2.346.88 Red - 48%)

RECEIVED 18 DEC 2019

Date/Time, File Pass to?

17/12/19

1) Typist

Date/Time, File Return to?

☐ : Preli. Report

☒ : Final Report

Days Of Repair: **3**

Resurvey No. of Trip: **1**

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Insp (\$

☐ : Material (\$

Survey Fee:

Transportation:

3 x PS. \$

Phone

Other

160

Signature

Signature

\$ 2,500/- 45

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No. Date of Accident
Vehicle No.(For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5060240472-06		ROMERO MARCIANO CALMA	S2733106H	GPC	drivo PREMIUM	SKG5243R	SKG5243R	19/08/2019	18/08/2020

TP Claims against NTUC Income: Follow-Through Survey

Date : 17/12/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	Not our insured	COMFORT TRANSPORTATION PTE LTD	SHA 1123Y	SJU 5226D	05/12/2019	07:45	\$ 3,275.68	\$ 1,395.81
2	MT/1075061-002	COMFORT TRANSPORTATION PTE LTD	SH 6545M	SLR 7328Y	10/12/2019	11:10	\$ 6,018.08	\$ 900.00
3	MT/1075118-002	COMFORT TRANSPORTATION PTE LTD	SHC 3383P	SFH 1618Z	08/12/2019	22:10	\$ 3,599.28	\$ 2,500.00
4	MT/1074824-002	COMFORT TRANSPORTATION PTE LTD	SHD 7183T	SKG 5243R	05/12/2019	19:20	\$ 4,846.88	\$ 2,500.00

Claim received from LKK

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	06/12/2019 09:12
Date Of Accident	05/12/2019 19:20
Exact Location Of Accident	JURONG EAST ST 13
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD7183T
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

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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

Driver

Name of Driver	NEO ENG HOE
NRIC No	S1272092J
Date Of Birth	12/01/1957
Occupation	OUTDOOR
Date Of Driving Pass	19/10/1978
Driving Experience	41 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90073883
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 124 HOUGANG AVENUE 1 #07-1442
Postcode	530124
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)	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

PLS REFER TO 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	SKG5243R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ROMERO MARCIANO CALMA
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	LEFT REAR
No. Of Passenger (Including Driver)	

IMPORTANT NOTICE

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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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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:

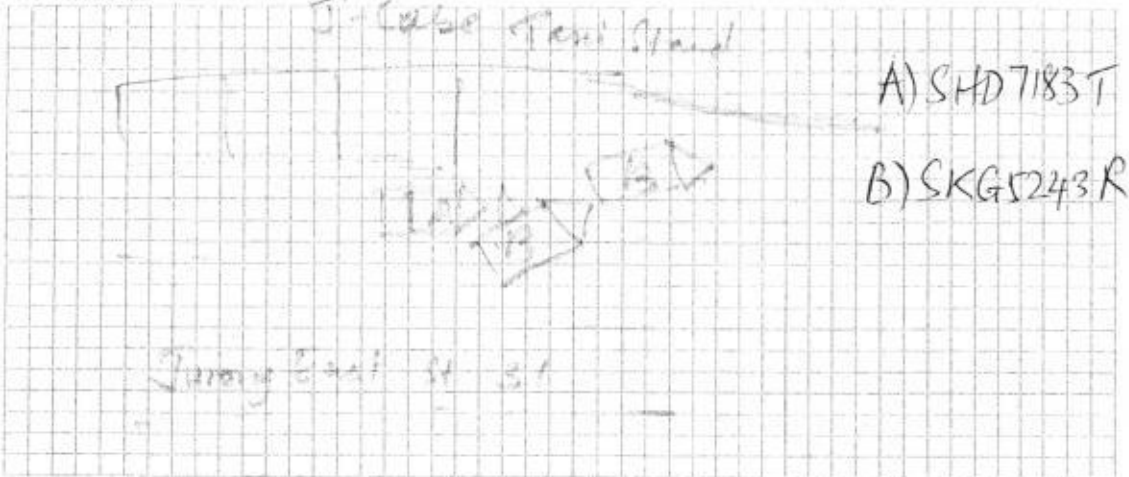
Reporting Centre Personnel's Signature
Name:
NRIC/PIN No.:

GIA/INC Sketch Plan Form V3



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 6/12/19 at about 1920 hrs when I Veh A just moved forward after alighting my passenger, Veh B suddenly intercepted from the right lane onto my lane and collided on the right front portion of my vehicle. Veh B sustained damages on the left rear portion.

DECLARATION

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

COMFORT TRANSPORTATION (PTE) LTD
CO. REG. NO. 189303821R

Policyholder's Signature
Date & Time:

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

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

COMFORT TRANSPORTATION (PTE) LTD

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701

Mainline + 65 6383 8280 Facsimile + 65 6280 8755

Workshops

59 Loyang Drive Singapore 508969

383 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 609286

320 Ubi Road 3 Singapore 408669

24 Serangoon Loop Singapore 758156

7 Sungei Kadut Way Singapore 728791

501 Yishun Industrial Park A Singapore 768732

Date/Time: 06.12.2019 10:48

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305359647

OMER

IS COMFORT TRANSPORTATION PTE LTD

OMER NO. 7010045

ESS 383 SIN MING DRIVE

Singapore SINGAPORE 575717

(R) 65508755

(O)

(P)

OUNT CARD NO.

REC NO.:

SHD7183T

MILEAGE

MAKE :

HYUNDAI

FUEL

E.....1/2.....F

MODEL

I-40

DATE/TIME IN 06.12.2019 07:40

YR OF MANU

17.11.2016

TARGET DATE

CHASSIS CODE

KMHLB41UMHU096415

COMPLETION DATE/TIME:

JOB DESCRIPTION

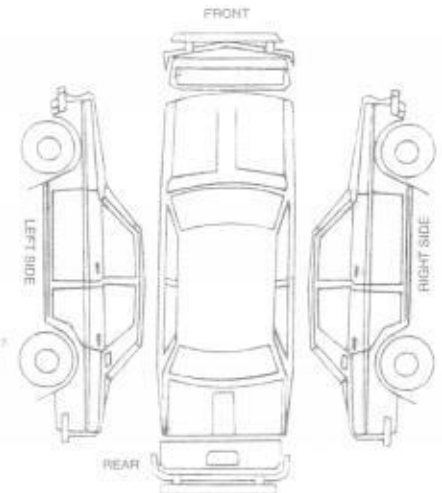
Accident Date: 05.12.2019

NATURE: 3P 05.12.19

S/NO

LABOR CODE

DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

Io.: SHD7183T

LIMITS

Vehicle No.:

SHD7183T

Service Advisor

Signature/Date

Name of Service Advisor

Date

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 06.12.2019

Time: 11:00:31

Page: 1

NTUC - LKS
LKK - Ram.

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010045
 ADDRESS : COMFORT TRANSPORTATION PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65508755

JOB NO : 305359647
 REGN NO : SHD7183T
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 17.11.2016
 DATE/TIME IN : 06.12.2019 07:40
 ACCIDENT DATE : 05.12.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-2322-A	FRT BUMPER	1	1,052.20	20.00	841.76	DEF
0002 04-01-0103-2164-A	RADIATOR GRILLE	1	1,110.10	20.00	888.08	Xnn
0003 04-01-0103-2175-G	RAD.GRILLE H EMBLEM	1	39.50	20.00	31.60	Xnn
0004 04-01-0103-0782-A	HEADLAMP RH	1	1,388.00	20.00	1,110.40	Br
0005 04-01-0103-0573-A	FRT FENDER RH	1	663.00	20.00	530.40	X(R)
0006 04-01-0103-4991-G	FRT BUMPER GRILLE RH	1	51.70	20.00	41.36	scr
0007 04-01-0103-0638-G	FRT BUMPER UPR BRKT RH	1	22.40	20.00	17.92	Xnn
0008 04-01-0103-0640-G	FRT FENDER RETAINER RH	1	24.60	20.00	19.68	Xnn
0009 04-01-0103-0658-G	FRT WHEEL CAP RH	1	107.10	20.00	85.68	Xnn

SUB-TOTAL : 3,566.88

\$1993.52

JOB NATURE

0000 20-05	Frt Fender Adv.Sticker RH	100.00	nel
0001 PB	PANEL BEATING	600.00	\$560

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:

IS

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010045
 ADDRESS : COMFORT TRANSPORTATION PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65508755

JOB NO : 305359647
 REGN NO : SHD7183T
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 17.11.2016
 DATE/TIME IN : 06.12.2019 07:40
 ACCIDENT DATE : 05.12.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

0002 SP SPRAYPAINT CHARGE
 0003 17-01 CHECK ALL LIGHTING
 0004 20-00 TUFF COAT ON AFFECTED PARTS.

500.00 \$400
 40.00 \$30
 40.00 \$30

SUB-TOTAL : 1,280.00

TOTAL : 4,846.88

MVA NAME & SIGNATURE
 DATE :

AUTHORISED : YES / NO
 SURVEYOR NAME & SIGNATURE

DATE :

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:

10/12/19
 Ram (LKK)
 6/12/19 1340 hrs
 Ram@LKKautocon
 88622778
 (LIS) aff repair photo
 (3) repair dry S
 4S: \$2500/-
 (3) repair dry S

Our Job Ref No : 305359647

Date : 11/12/19

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

FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

Vehicle Reg No. : SHD7183T

Date of Accident : 05-Dec-19

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

1. The repair job shall bill to: NTUC --- SKG5243R

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%

Final Lumpsum Repair cost

\$2,500.00

\$2,500.00

MC uploaded

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 : *LIM T S*

Name : LIM T S

Tel : 62148398

Fax : 65468156

Signature : *[Signature]*

Name : RAM

Date : 16/12/19

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/INC19021609/Fsf3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 27-12-2019



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKG 5243R	Veh. Inspected	SHD 7183T
Policy No.	5060240472-06	Coverage (\$)	0.00
Claim No.	MT/1074824-002	Excess (\$)	0.00
Assign From		Assign Date	06/12/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMHU096415	Colour	BLUE
Odometer	581286	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	6 mm
L/H Front Tyre	205/60 R16	WEST LAKE	6 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	6 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT AND O/S FRONT PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	05/12/2019	Inspection Date	06/12/2019
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.

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



Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 7183T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRT BUMPER	DEFORMED	1,052.20	1,052.20
1	RADIATOR GRILLE	NOT NECESSARY	1,110.10	-
1	RAD.GRILLE H EMBLEM	NOT NECESSARY	39.50	-
1	HEADLAMP RH	BROKEN	1,388.00	1,388.00
1	FRT FENDER RH	TO REPAIR SEE LABOUR	663.00	-
1	FRT BUMPER GRILLE RH	SCRATCHED	51.70	51.70
1	FRT BUMPER UPR BRKT RH	NOT NECESSARY	22.40	-
1	FRT FENDER RETAINER RH	NOT NECESSARY	24.60	-
1	FRT WHEEL CAP RH	NOT NECESSARY	107.10	-
	LESS 20% DISCOUNT		-891.72	-498.38
			3,566.88	1,993.52
	SPECIAL NETT ITEMS			
1	FRT FENDER ADV. STICKER RH (SN)	NECESSARY	100.00	100.00
			100.00	100.00
	LABOUR			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRT FENDER RH.		600.00	560.00
	SPRAYPAINT CHARGE.		500.00	400.00
	CHECK ALL LIGHTING.		40.00	40.00
	TUFF COAT ON AFFECTED PARTS.		40.00	30.00
			1,180.00	1,030.00
	GRAND TOTAL		4,846.88	3,123.52
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			2,500.00

Report Ref No. NS/INC19021609/Fsf3n2

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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