NS/IN(190 27542/ Fqf392

ASSIGNMENT

From: Date:	Veh No: SHA 5006B Vr Regn: 16/06/2016
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Hyundai iAD cc 1685
at Workshop m/s	Colour BLUC A/C: Insured / Std / NI / NA
of	Sp.Reading 584045 T/Radio: Insured / Std / NI / NA
Insured: SED 38494	Eng/No: -
Policy No: 509638 6750-01 (24/12/2017)	
Claims No. WT/1076794-002	Gen. Cond: Good (Fair) Poor / Burnt
Sum Insured: Excess:	Steering:(Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder/ Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / SFD A/Rim or
	Tyre Size: F: 205/60 R16
(Policy Condition)	R: 200 100
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO OF VESHAKE
Bal, or Market Value:	Front Rear
	R/Bal. 6 mm R/Bal. 7 mm
ibrio rissiasii ripsii	L/Bal. 6 mm L/Bal. 7 mm
7	D.O.A. 21/12/19 D.O.I. 23/12/19
Lot, riupano.	Survey held at comfortel gro (Loyang)
Lum Sum: % 3 Val.: Yes or No	Des. of Damages : Frt Rear O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS / Vehicle: IN / OUT	vers
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
SHA 500613 - (SI POI HO17110/M191	12 Det - 6419/2011 (2540)
St.D 3849y-x	7(1)
LK: 42000 = with 3 -1000 - La	(led to UNX 28 65%)
Com an solis [18 with	5 (Red to 4753.38, 68%) 3 report dys
COMPLY ON SOLISI	1 DEC 2010
RECEIVED 3	1 055 2019
Date/Time, File Pass to? : Prell. Report	Days Of Repair: 3
1) 31 17 MMM : Final Report	Resurvey No. of Trip: Survey Fee:
Date/fine, File Rotum to? Act of Fee	Transportation: Site Insp (\$)3+R8SI
2) /AGO FEE	
Pepert Formsk: 7P	: Inferview (\$) Photos
The state of the s	Tech, Inve (8) Ohers
Lump Sum / 1 / 2009	: Mestera (2

TP Claims against NTUC Income: Follow-Through Survey

Date: 30/12/2019

		The second secon	The second secon	The second secon	The second secon	A STATE OF THE PARTY OF THE PAR	
S/NC	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
н	MT/1076794-002	COMFORTDELGRO ENGINEERING PTE LTD	SHA 5006B	SKD 3849Y	21/12/2019	16:10	\$ 6,253.38
2	MT/1077838-001	COMFORTDELGRO ENGINEERING PTE LTD	Z9999 GHS	SLZ 7672K	19/12/2019	17:55	\$ 1,865.06

eBao Tech									题 製器	Gener	alClaim
Hello, NAC_PAYA_UBI_80 My Desktop Notice of Loss		cy Query					• Chang	e Languag	e • Chan	ge Password	The second second
	Policy I Vehicle	No. No.(For Motor)	SKD384	19Y			of Accident cate Number		21/12/2019 (09:16	
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5096380750- 01		QUEK HUI MENG	S1240044F	GPC	drivo CLASSIC	SKD38491		24/12/2018	23/12/2019

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

aforesaid.	to the description and archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	23/12/2019 08:06
Date Of Accident	21/12/2019 16:10
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT BEFORE THOMSON EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHA5006B
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXX821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	the distribution of the second to the second the second transfer of
Alternative Phone No	OFFICE-65508768

OFFICE-65508768

Vehicle Particulars

Manufacturer HYUNDAI

Model 140

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 HO CHEE MENG NRIC No SXXXX186B Date Of Birth 25/08/1960 Occupation OUTDOOR Date Of Driving Pass 06/09/1980

Driving Experience 39 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83022839

Fax Number

Contact Number

EMail Address NOEMAIL Address

BLK 95 GEYLANG BAHRU

#10-3128

Postcode

330095

NO Was driver an employee of the Insured's Company

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - TAXI DRIVER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

2

NO

involved in the accident

YES

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

YES

5

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

Passenger 1

NAME:

: MALE

Passenger 2

NAME:

1 -

GENDER:

GENDER:

: FEMALE

Passenger 3

NAME:

GENDER:

: FEMALE

Passenger 4

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

SKD3849Y

Vehicle Make/Model/Colour

SUBARU

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

UNKNOWN

NRIC/Passport Number

Contact Number

96568006

Address Postcode

Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

	DETAILS OF INJURED PERSON 1
Name	HO CHEE MENG
Approximate Age	
Injuries Sustain	NECK AND BACK
Injured person in which vehicle?	SHA5006B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO

Address Postcode

Sketch Plan Pg. 1

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.
- 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.
- 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)

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:
 - 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 invoive 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 RIS LTD

Policyholder's Signature

Date & Time:

Oriver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: fav

NRIC/FIN No.:

GIARMC SketchPlenForm_V3

. .

Sketch Plan Pg. 2

SKĚTCH PLAN	Transfer to the source	111 • 111 • 11	Part of the second second	
PIE Acusore CHAMP Air Before Thor	NG.		DOA: 21-13	
Before Thor	rsen	A A	→ SHA 500 → SKO 39	
DESCRIBE CIRCUMSTANCE	ES OF THE ACCIDENT			
OH 21-12-2	019 Ca 1610hrs	I was o	laivin alm	0,5 4,
Changi Mirport	with 4 Pax	on board	of my taxi	on extrem
right Lone,	The front Vel	nide Apph	brace and	stup.
I apply bo	ace and slo	w dam	too stoped	,
10tor 4 Pax	deo Footage on board ds Ctivis:	On the colony to		3 Female
PECLARATION			4	
We declare the foregoing partic	ON PTELTR CALOR	L	L	
olicyholder's Signature ate & Time:	Driver's Signature (If driver is not the police	vholderi	Reporting Centre Personn Name:	el's Signature

Clafter Stetchelegford V3

Page 5 of 14

COMFORTDELGRO ENGINEERING

A member of COMFORDELGRO

ComfortDelGro Engineering Pte Ltd

Mainline + 85 6383 6280 Facsimile + 65 6280 9755

MILEAGE

Date/Time: UbiZid.3 EzwZOdr9: 11:33 Page: I

REGN NO.:SHA5006B

Team: ARC Repair TP(CLSO)1

JOB CARD

JOB DESCRIPTION

Sales Order:

JC NO.: 305368978

STOMER

L. (R)

(円)

COMFORT TRANSPORTATION PTE LTD

7010045

STOMER NO. 383 SIN MING DRIVE

DRESS Singapore SINGAPORE 575717

65508755

FUEL HYUNDAI E.....F MODEL I - 4022.12.2519 08:15 YR OF MANY 6.06.2016 . TARGET DATE

CHASSIS ORMELB41UMGU091397 COMPLETION DATE/TIME

SCOUNT CARD NO.

Accident Date: 21.12.2019

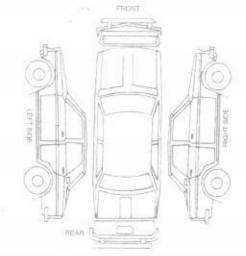
NATURE: 3P 21.12.2019

S/NO

LABOR CODE

NOTUC- Rea

DESCRIPTION



IECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

awledgement Slip

le No.:

SHA5006B

LARRY

Vehicle No:

Exit Pass

SHA5006B

t of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD REPAIR ESTIMATE*

VEHICLE NO: SHA 5006B

DATE 23/12/2019 9:47

MAKE :

у	Parts Description/ Labour	Type	Unit Price		Amount
	Boot Lid ×(R)		A	S	2,174.90
	Boot Lid Lock Upper XMV			\$	102.60
	Boot Lid Lock Lower XMM			S	31.70
	Boot Lid 'H' Emblem nec			S	28.70
	Boot Lid CRDI Platere			S	27.90
	Bootlid Moulding Con			0	
	Bootlid i40 Emblem			9	85.00
	Bootlid Lower Garnish Xnn			S	27.90
	Rear Bumper DeF			S	227.90
		N		\$	553.00-
	Rear Bumper Reinforcement	1-/		\$	428.40-
	Rear Bumper Reinforcement Bracket (LH/RH) / B+	\$ 80.30	S	160.60
	Rear Bumper Clip 10 pcs vec			\$	22.00
	Rear Bumper Bracket Ynn		\$ 35.60	\$	71.20
	Rear Bumper Sponge 1 kny	1		S	103.50
	Rear Bumper Under Cover			S	228.00
	Rear Panel Jenn			s	526.70
	Rear Panel Garnish 1 xxx			S	57.70
	Rear Panel Lower Panel	LKK Auto Cons	ultants hence notify	S	89.40
		In the Repairer of	the following:	30	02,40
	SUR TO	TATTO display damag	re/after spray painting led part(s) during resurvey	\$	1.047.10
	LESS	* Parts prices are	ubject to confirmation	9	4,947.10
	DISCOUNTED TO	Yaird party surve	VIS On a "Wilhout P	S	989.42
	DISCOUNTED IN	* Supplementary it	em/e) must be	3	3,957.68
		is subject to final	approval from Insurance Comp	any	100
		Acknowledged by R		18	
	Boot Lid Comfort Loss & T-1NL Grid Land	Signatures	Spa-61		
	Boot Lid Comfort Logo & Tel No. Sticker	Date:		\$	30.00
	Boot Lid Advertisement Logo Vel			\$	100.00
	Rear Bumper Reverse Sensor XVVI			\$	135.70
	Rear Bumper Rubber Mat			S	50.00
	Rear Fender Advertisement Logo (LH/RH) w	× ×	\$ 100.00	\$	200.00
		June 1	_ [
		1 Wall	`	\$	515.70
		1 Dam	(IKK) was		
	Labour Charge	, b 20 1	19 1300 Mag	CO	w^
	Panel Beating	23(12)	1 marko	S	850.00
	Spray Painting Charge		remedia.	\$	750.00
	Wiring Charge	parasu	whe	\$	
	Tuff Kote	88624	(rid		
	Remove/Refix Reverse Sensor	13×1289		S	50.00
	remove Kena Reverse Sensor	12/2	ast onv	\$	80.00
	TOTALLAN	7/18	(echa.)	_	
	TOTAL LAB	OUR -S	/ ghoto /	\$	1,780.00
			\ " /		
	ESTIMATE TO	TAL		\$	6,253.38
14/4	This is an initial estimate based on a visual inspection	-C-1 1 1	NO REEL YOUR RD SK		93.514

COMFORTDELGRO ENGINEERING

Our Job Ref No . 305368978 Date 28. Dec. 2019 ComfortDelGro Engineering Pte Ltd 59 Loyang Drive Singapore 508969 Fax: 6546 8156 FINALIZATION FORM To LKK Fax: Attn : RAM Vehicle Reg No. : SHA5006B Date of Accident: 21. Dec. 2019 The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-1. The repair job shall bill to: NTUC SKD3849Y 2. The finalized amount shall be: Spare Parts after List discount (a) (b) Labour Charges Total for Part-By-Part Repair Cost (c.) Lumpsum Repair (if applicable) Total for Lumpsum repair cost after Less: Final Lumpsum Repair cost \$2,000.00 Estimated normal period for repairs: _____ 3 ____ working days. 3. We shall treat the above amount as Correct and Confirmed if there is no reply from you 4. within 7 working days 5. Thank you for your assistance. We confirm the estimates and finalized amount Signature: Signature: Larry Ng Name Name Tel : 6214 8316 Date 12/19 Fax : 6546 8156 For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
Rental Rate P/Day		YES		
2. Loss of Income Paid				
3. Survey Fees				
4. LTA Search Fee	\$7.49			
 Medical Fees (on behalf of driver, if applicable) 				
6 Overrun				

narks:		
77		



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 INSUR	RANCE CO-OPERATIVE LTD	Ref:	NS/INC1902254	12/Fqf3s2
73 BRAS BASAH ROA #05-01 NTUC TRADE 189556	ND UNION HOUSESINGAPORE	Date:	08-01-2020 INC4	
1.	Policy Particulars	:- THIR	PARTY CLAIM	
Insured Veh.	SKD 3849Y	Veh. Ir	spected	SHA 5006B
Policy No.	5096380750-01	Cover	age (\$)	0.00
Claim No.	MT/1076794-002	Exces	s (\$)	0.00
Assign From		Assign	n Date	23/12/2019
2.	Vehicle Parti	culars 8	Condition	
Make & Model	HYUNDAI 140	c.c		1685
Engine No.	HIDDEN	Year o	f Reg.	2016
Chassis No.	KMHLB41UMGU091397	Colou	r	BLUE
Odometer	584045	Steeri	ng	IN ORDER
Brakes	IN ORDER	Modifi	cation	STANDARD ALLOY RIM
General	FAIR			
3.	Condit	ions 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	7 mm
L/H Rear Tyre	205/60 R16	WEST	LAKE	7 mm
4.	Descripti	on of Da	images	
THE VEHICLE SU	STAINED DAMAGES AT THE REA	AR PORT	TION.	
5.		Inform	ation	
Accident Date	21/12/2019	Inspec	tion Date	23/12/2019
Survey held at	COMFORTDELGRO ENGINEER	RING PT	ELTD	
	59 LOYANG DRIVE SINGAPORE 508969			
5a.	R	emarks		
	ON WAS CONDUCTED ON A"WIT CE TO YOUR INSTRUCTIONS, W			
5b.	Estimate	Days of	Repair	
ESTIMATED NOR	MAL PERIOD FOR REPAIR:		3 Working Days	



National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315





ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 5006B

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			3.0
1	BOOT LID	TO REPAIR SEE LABOUR	2,174.90	102
1	BOOT LID LOCK UPPER	NOT NECESSARY	102.60	
1	BOOT LID LOCK LOWER	NOT NECESSARY	31.70	
1	BOOT LID 'H' EMBLEM	NECESSARY	28.70	28.70
1	BOOT LID CRDI PLATE	NECESSARY	27.90	27.90
1	BOOTLID MOULDING	CRACKED	85.00	85.00
1	BOOTLID 140 EMBLEM	NECESSARY	27.90	27.90
1	BOOTLID LOWER GARNISH	NOT NECESSARY	227.90	
1	REAR BUMPER	DEFORMED	553.00	553.00
1	REAR BUMPER REINFORCEMENT	CUT	428.40	428.40
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$80.30	N/S BENT	160.60	80.30
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
2	REAR BUMPER BRACKET @ \$35.60	NOT NECESSARY	71.20	
1	REAR BUMPER SPONGE	NOT NECESSARY	103.50	
1	REAR BUMPER UNDER COVER	NOT NECESSARY	228.00	12
1	REAR PANEL	NOT NECESSARY	526.70	
1	REAR PANEL GARNISH	NOT NECESSARY	57.70	
1	REAR PANEL LOWER PANEL	NOT NECESSARY	89.40	
	LESS 20% DISCOUNT		-989.42	-250.64
			3,957.68	1,002.56
	SPECIAL NETT ITEMS			
1	BOOT LID COMFORT LOGO & TEL NO. STICKER (SN)	NECESSARY	30.00	30.00
- 1	BOOT LID ADVERTISEMENT LOGO (SN)	NECESSARY	100.00	100.00
- 34	REAR BUMPER REVERSE SENSOR (SN)	NOT NECESSARY	135.70	
- 1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @ \$100.00 (SN)	NECESSARY	200.00	200.00
			515.70	380.00

Report Ref No. NS/INC19022542/Fqf3s2



(CONFIRMED)

National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315





Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted
	LABOUR		Tronkshop (4)	(\$)
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF BOOT LID.		850.00	840.00
	SPRAY PAINTING CHARGE.		750.00	600.00
- 1	WIRING CHARGE.	NOT NECESSARY	50.00	000.00
- 1	TUFF KOTE.		50.00	50.00
- [REMOVE / REFIT REVERSE SENSOR.		80.00	50.00
			1,780.00	1,540.00
(GRAND TOTAL		6,253.38	2,922.56

Report Ref No. NS/INC19022542/Fqf3s2

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

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 tort, 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.