

REG. BY: Rom

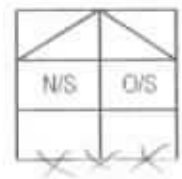
REF:

GN NS/INC19022916/Fqf3A2

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD TP / WS / TP RES / OD RES / EVA / INV / MV
To inspect Vehicle No: 8ND6667M
at Workshop m/s: EDGE Jumari
of _____
Insured: GBF 73433
Policy No: _____
Claims No: MT/1076356-002
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

(Policy Condition)
Remark: The veh had commenced its repair at the time of inspection.



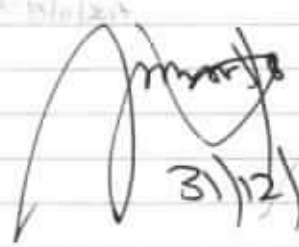
Bal. or Market Value: _____
IDAC Accident Rpt: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: 4 days Res: Yes or No
Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____
Vehicle: IN / OUT

Veh No: SHC 8066Y VI Regn: 28/05 2015
Type: M.Car / M.Cycle / Bus / Van / Lorry (Taxi) / Prime Mover /
Truck / Trailer or _____
Make: MERCEDES Benz E220CDI c.c 2143
Colour: White A/C: Insured / Std / NI / NA
Sp. Reading: 735002 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: WDD212001281733
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: 225/55 R16
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Westlake

Front _____ Rear _____
R/Bal. C mm R/Bal. 6 mm
L/Bal. C mm L/Bal. C mm
D.O.A. 16/12/19 D.O.I. 17/12/19
Survey held at conferedehro (wong)

Des. of Damages: Frl / Rear / O/S / N/S / UIC / Rooftop or
The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	NO Policy
	GBF 73433 X
	RECEIVED 03 JAN 2020
	SHC 8066Y 28/05/2015/2016/2017/2018/2019/2020
	W/S: \$3700/= with 4 repair days
	confirm with jumari on 20/12/19
	CRad \$5301.44, 59%
	
	31/12/2019.

Date/Time, File Pres to?	<input type="checkbox"/> : Prel. Report	Days Of Repair: <u>4</u>	Survey Fee:
1) <u>onli jumari</u>	<input type="checkbox"/> : Final Report	Resurvey No. of Trip: <u>1</u>	Transportation:
Date/Time, File Return to?		Add Fee:	<u>3 x \$50.00</u>
2)		<input type="checkbox"/> : Site Insp \$5	From:
		<input type="checkbox"/> : Interview \$5	to:
		<input type="checkbox"/> : Tech. Insp \$5	
		<input type="checkbox"/> : Workshop \$5	
Report Format:	<u>TI</u>		
Lump Sum / F.R.:	<u>3700</u>		
			<u>160</u>

Shiau Chan (LKKAUTO)

From: MTCL@income.com.sg
Sent: Thursday, 2 January 2020 3:35 PM
To: Shiau Chan (LKKAUTO)
Subject: FW: REQUEST CLAIM NUMBER

Hi,

Claim created.

With Regards

Samsia
Senior Admin Assistant,
Motor Insurance
www.income.com.sg



At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify. Find out more at income.com.sg/careers

in with you

From: Shiau Chan (LKKAUTO) [mailto:siewsc@lkkauto.com]
Sent: Thursday, 2 January 2020 1:43 PM
To: MTCL@income.com.sg
Subject: REQUEST CLAIM NUMBER

Dear Sir/Madam,

Please refer to the below:

TP Claims against NTUC Income: Follow-Through Survey

Date : 02/01/2020

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	D
1	MT/1076356-002	COMFORT TRANSPORTATION PTE LTD	SHC 8066Y	GBF 7343J	

Best Wishes for Happy New Year 2020

Best Regards,

Shiau Chan (Ms) | Case Handler
LKK Auto Consultants Pte Ltd

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

Enquire Vehicle Insurance Details

Vehicle No	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
GBF7343J	16 Dec 2019 / 13:45:00	Successful	N12	NTUC INCOME INS CO-OP LTD

[Previous](#)

[OK](#)

SHC8066Y

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	16/12/2019 15:53
Date Of Accident	16/12/2019 13:45
Exact Location Of Accident	ALONG SIN MING DR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8066Y
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	MERCEDES-BENZ
Model	E220

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	LIM MONG CHEW
NRIC No	S0104487G
Date Of Birth	08/04/1955
Occupation	OUTDOOR
Date Of Driving Pass	16/03/1977
Driving Experience	42 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96329329
Fax Number	
Contact Number	
EMail Address	LIMMONGCHEW@GMAIL.COM

Address	BLK 15 MARSILING LANE #11-179
Postcode	730015
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	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?	YES
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	GBF7343J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LIM MONG CHEW
Approximate Age	64
Injuries Sustain	BACK PAIN
Injured person in which vehicle?	SHC8066Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

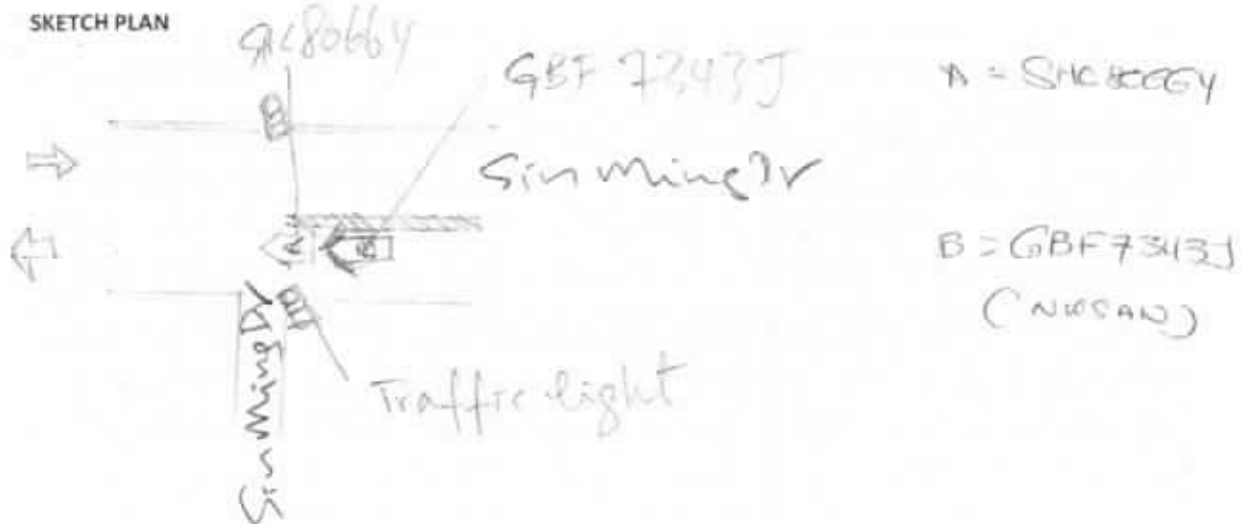
GENERAL INSURANCE ASSOCIATION OF SINGAPORE
100, RAFFLES PLACE, #10-01 RAFFLES CITY CENTRE

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16th Dec 2019, 13:45 hrs I was travelling along Sin Ming Dr going towards a junction. A unknown car was driving very slowly in front of me, while crossing the traffic intersection. The light change and I quickly stop my car just before the white line. A van GBF7343J Drive too fast can not stop in time and hit my car. The impact was very strong and the back of my car badly damage. My back of my body suffer tight pain.

DECLARATION

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

COMPULSORY TRANSPORTATION
CO. REG. NO. 199303621H

Policyholder's Signature
Date & Time

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

Reporting Centre Personnel's Signature
Name
NRIC/ID No.

Date/Time: 16.12.2019 17:23

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305367532

OMER

IS COMFORT TRANSPORTATION PTE LTD

OMER NO. 7010045

ESS 383 SIN MING DRIVE

Singapore SINGAPORE 575717

(R) 65508755

(D)

(P)

JUNT CARD NO.

REGN NO.

SHC8066Y

MILEAGE

MAKE

MERCEDES BENZ

FUEL

E 1/2 F

MODEL

E220CDI (B6)

DATE/TIME IN

16.12.2019 14:25

YR OF MANU

28.05.2015

TARGET DATE

CHASSIS CODE

WDD2120012B173220

COMPLETION DATE/TIME

JOB DESCRIPTION

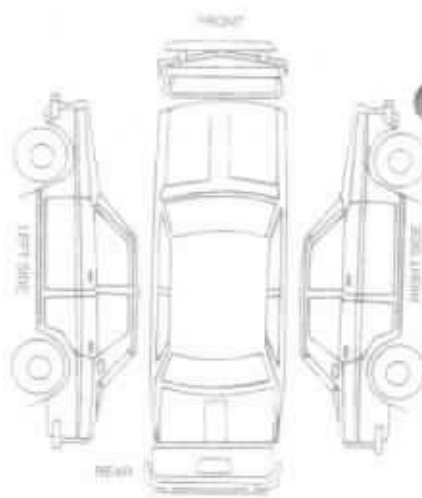
Accident Date: 16.12.2019

NATURE: 3P 16.12.19

S/NO

LABOR CODE

DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

SHC8066Y

JU NTUC LKK

Vehicle No.:

SHC8066Y

Service Advisor

Signature/Date

Name of Service Advisor

Date

igned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 8066Y

DATE 17/12/2019 10:00

MAKE :

MODEL : MERCEDES BENZ

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid <i>DD</i>			\$ 2,470.00
	Boot Lid Lock <i>xm</i>			\$ 275.00
	Boot Lid 'E220' Emblem <i>hec</i>			\$ 54.30
	Boot Lid Star Logo <i>hec</i>			\$ 45.00
	Boot Lid 'CDI' Emblem <i>hec</i>			\$ 54.30
	License Plate Trim Cover <i>xm</i>			\$ 96.70
	Rear Bumper <i>cut</i>			\$ 1,510.00
	Rear Bumper Reinforcement <i>?xm</i>			\$ 1,150.00
	Rear Bumper Bracket Lower (LH/RH) <i>?xm</i>		\$ 135.00	\$ 270.00
	Rear Bumper Bracket Top (LH/RH) <i>?xm</i>		\$ 125.00	\$ 250.00
	Rear Bumper Retainer Mounting (LH/RH) <i>xm</i>		\$ 115.00	\$ 230.00
	Rear Bumper Lower Cover <i>xm</i>			\$ 325.00
	Rear Panel End <i>?xm</i>			\$ 1,380.00
	Rear Panel Inner Garnish <i>?xm</i>			\$ 240.00
	Rear Panel Inner Garnish Clip (10pcs) <i>?xm</i>			\$ 40.00
SUB TOTAL				\$ 8,390.30
LESS 20% <i>KK Auto Consultants hence notify the Repairer of the following:</i>				\$ 1,678.06
DISCOUNTED TOTAL				\$ 6,712.24
	Boot Lid Sovereign' Sticker <i>hec</i>			\$ 25.00
	Rear No. Plate <i>xm</i>			\$ 56.20
	Rear Bumper Sensor <i>xm</i>			\$ 388.00
	Rear Bumper Rubber Mat <i>hec</i>			\$ 50.00
				\$ 519.20
Labour Charge				
	Panel Beating			\$ 800.00
	Spray Painting Charge			\$ 750.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 50.00
	Remove/Refix Reverse Sensor			\$ 120.00
TOTAL LABOUR				\$ 1,770.00
ESTIMATE TOTAL				\$ 9,001.44
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.				

KK Auto Consultants hence notify the Repairer of the following:

- To display damaged parts during survey
- Partspieces are subject to confirmation
- Third party survey is on a 'No Fault' basis
- No damage will be allowed
- Sup: primarily for the insurance company is subject to final approval from insurance company

Acknowledged by: *[Signature]*
Signature:
Date:

Ram (KK)

17/12/19 Hecch
Rams@martrada.com
8862277840
2 repairs 45
get repair photo

3306.84

Nett
Nett
Nett
Nett

\$120
\$400
\$50
\$80

Our Job Ref No 305367532

Date : 26/12/2019

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

To : LKK

Fax :

Attn : RAM

: SHC8066Y

5367141 16.12.19

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

1. The repair job shall bill to: NTUC --- GBF7343J
###

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%

\$3,700.00**Final Lumpsum Repair cost**

3. Estimated normal period for repairs: 4 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 amountSignature : 

Name : JUMANI

Tel : 6214 8315

Fax : 65468156

Signature : 

Name : Ram

Date : 30/12/19

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		N		
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/INC19022916/Fqf3n2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 10-01-2020	
			Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	GBF 7343J	Veh. Inspected	SHC 8066Y	
Policy No.		Coverage (\$)	0.00	
Claim No.	MT/1076356-002	Excess (\$)	0.00	
Assign From		Assign Date	17/12/2019	
2. Vehicle Particulars & Condition				
Make & Model	MERCEDES BENZ E220 CDI	c.c	2143	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	WDD2120012B173220	Colour	WHITE	
Odometer	735002	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	225/55 R16	WEST LAKE	6 mm	
L/H Front Tyre	225/55 R16	WEST LAKE	6 mm	
R/H Rear Tyre	225/55 R16	WEST LAKE	6 mm	
L/H Rear Tyre	225/55 R16	WEST LAKE	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	16/12/2019	Inspection Date	17/12/2019	
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:		4 Working Days		

**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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 8066Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	BOOT LID	DENTED	2,470.00	2,470.00
1	BOOT LID LOCK	NOT NECESSARY	275.00	-
1	BOOT LID "E220" EMBLEM	NECESSARY	54.30	54.30
1	BOOT LID STAR LOGO	BROKEN	45.00	45.00
1	BOOT LID "CDI" EMBLEM	NECESSARY	54.30	54.30
1	LICENSE PLATE TRIM COVER	NOT NECESSARY	96.70	-
1	REAR BUMPER	CUT	1,510.00	1,510.00
1	REAR BUMPER REINFORCEMENT	NOT NECESSARY	1,150.00	-
2	REAR BUMPER BRACKET LOWER (LH/RH) @\$135.00	NOT NECESSARY	270.00	-
2	REAR BUMPER BRACKET TOP (LH/RH) @\$125.00	NOT NECESSARY	250.00	-
2	REAR BUMPER RETAINER MOUNTING (LH/RH) @\$115.00	NOT NECESSARY	230.00	-
1	REAR BUMPER LOWER COVER	NOT NECESSARY	325.00	-
1	REAR PANEL END	NOT NECESSARY	1,380.00	-
1	REAR PANEL INNER GARNISH	NOT NECESSARY	240.00	-
10	REAR PANEL INNER GARNISH CLIP	NOT NECESSARY	40.00	-
	LESS 20% DISCOUNT		-1,678.06	-826.72
			6,712.24	3,306.88
<u>SPECIAL NETT ITEMS</u>				
1	BOOT LID SOVEREIGN STICKER (SN)	NECESSARY	25.00	25.00
1	REAR NO PLATE (SN)	NOT NECESSARY	56.20	-
1	REAR BUMPER SENSOR (SN)	NOT NECESSARY	388.00	-
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			519.20	75.00
<u>LABOUR</u>				
	PANEL BEATING.		800.00	720.00
	SPRAY PAINTING CHARGE.		750.00	400.00
	WIRING CHARGE.		50.00	30.00
	TUFF KOTE.		50.00	30.00



National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983358E GST Reg. No. 20-0405911-H



Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REMOVE/REFIX REVERSE SENSOR.		120.00	80.00
			1,770.00	1,260.00
	GRAND TOTAL		9,001.44	4,641.88

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			3,700.00
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Report Ref No. NS/INC19022916/Fqf3n2

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 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.