

7/03/2007

ASS. REC. BY:

REC

CS3 / ASM 20001884 / GTF302

Special Instruction:

Surveyor

GA

ASSIGNMENT (Office)

From (Person):

Cynthia Loh

of

ASM (AAA)

Date/Time:

4.2.2020

Estimated Cost:

Bill to:

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

To inspect Vehicle No:

SMP 4140P

Insured:

SJT 8075H

at Workshop m/s

Assure Auto Assist

Tel:

63851171

of

14 Annk Street 63 Blk B

Policy No:

Claim No:

SOM02EPE

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

26.1.2020

CA / REV / REP. / REV 24 HRS

mp

10.2.2020

Date/Time:

4/2/2020 1:32p.m

Person Contacted:

Irene

H.O.D. Endorsement:

Vehicle IN/OUT

Date/Time

Action/Instruction (X) Estimate

SMP 4140P - X

SJT 8075H - X

11/2-

Sent IA via smart claim

Submit PRS Report

Dismantle parts: 11/02/2020

62.

Ref:

AXA

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

Assure Auto Assist

of

Insured:

Policy No.

Claims No.

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:

\$80k

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

3

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:

SNP 4140P

Regn:

12 Sep 2019

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

Truck / Trailer or

Make:

Hyundai

130

C.C

1353

Colour

Green

A/C:

Insured / Std / NI / NA

Sp. Reading

9842

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

TMAH 3513VK J114009

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

225/40 R18

R:

11

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

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

D.O.I.

10-02-20

Survey held at

W/S

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

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

Date / Time

Action / Instruction

\$2000 - \$3000

RECEIVED 13 FEB 2020

11/2/2020

Date/Time, File Pass to?

☐

: Preli. Report

1) B2 Typist

☒

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Insp (\$

☐

: Wheel end (\$

Survey Fee:

100

Transportation:

3 + R/S \$1

Photos

Other:

TOTAL

100

Report Form

PR2

Long Form / 10/1/10



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Immediate Advice

Date: 09/01/2019

To : AXA Insurance Pte Ltd

Survey details

Date of loss	4-Feb-20
Date of appointment	10-Feb-20
Date of survey	10/20/2020
Location of survey	Assure Auto

Vehicle Details:

Claim Type:	Third Party
Vehicle number	SMP 4140P
Make and Model	Hyundai i30
Date of registration	12/9/2019
Excess	
Market Value	\$80,000
Parf Rebate	\$45,625
Nett Loss	\$34,375

Repair details

Initial Estimate	
------------------	--

Proposed/Revised repair cost:

Parts	
Check item	
Labour	
Total	
Lump Sum(if applicable)	

Number of days of repair	3
--------------------------	---

Remarks:

The Estimated Repair Cost of the Damaged vehicle is in the region of \$1000 - \$2000



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

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Vehicle Details:

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Vehicle number	SMP 4140P
Make and Model	Hyundai i30
Date of registration	12/9/2019
Excess	
Market Value	\$80,000
Parf Rebate	\$45,625
Nett Loss	\$34,375

Repair details

Initial Estimate	
------------------	--

Proposed/Revised repair cost:

Parts	
Check item	
Labour	
Total	
Lump Sum(if applicable)	

Number of days of repair	3
--------------------------	---

Remarks:

The Estimated Repair Cost of the Damaged vehicle is in the region of \$2000 - \$3000



Service Request Details

Claim

SOM02EPE

Reference

None 

Loss Date

January 26, 2020

Report Date

Jan 29, 2020 12:00:00 AM

Request Date

February 4, 2020

Due Date

February 11, 2020

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pending verification - Direct Settlement

P: Irene

T: 1.14p.m 4/2/2020

V: Out

E: ✓

Actions

Next Step

Agree to perform service

Decline Work

Accept Work

Vehicle Information

Incident Vehicle Registration #

SMP4140P

Model

Service Address

...

Primary Contact/Insured

MOHD AKIP NURHUMAIRAH BTE
11 WOODLANDS AVENUE 6, #03-01, 738992, Singapore
88008417
GARYLIMXH92@GMAIL.COM

Claim Handler

LOH Cynthia
6568804843
cynthia.loh@axa.com.sg

Additional Instructions

4

Messages

Invoices

History

Documents

Assessment

Metrics

Notes

[New Message](#)

DHIWAR Namrata

From: Loo Sile <sile@iaconsultingsg.com>
Sent: Monday, February 03, 2020 6:24 PM
To: SG AXA Insurance SM AXA SGP - Motor Survey
Cc: Tan Ling Ling (Candy); motor; iabn
Subject: [EXTERNAL] ACCIDENT INVOLVING SMP4140P AND SJT8075H ALONG BUKIT
MERAH VIEW MCP ON 26.01.2020
Attachments: NOA.pdf
Categories: Namrata

Dear Sir,

attached herewith the Notification Of Accident for your reference.

Kindly let us have a list of your ten surveyors as your nominated SJE for our consideration within the stipulated timeline under the NIMA Protocol.

Thanks.

Best regards,
Loo Si Le
+65 6385 1171
For and On behalf of Assure Auto Assist Pte Ltd

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	28/01/2020 17:05
Date Of Accident	26/01/2020 15:55
Exact Location Of Accident	BUKIT MERAH VIEW MCP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP4140P
Insured/Policyholder	
Name Of Registered Owner	SEE TOH RONG YAO
NRIC No	SXXXX841I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91334140
Alternative Phone No	OFFICE-91334140

Vehicle Particulars

Manufacturer	HYUNDAI
Model	-

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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VPA/P2341677
Cover Note Number	

Driver

Name of Driver	SEE TOH RONG YAO
NRIC No	SXXXX841I
Date Of Birth	06/10/1990
Occupation	INDOOR
Date Of Driving Pass	27/09/2011
Driving Experience	8 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91334140
Fax Number	
Contact Number	OFFICE-91334140
Email Address	NOEMAIL

Address	BLK 130 BT MERAH VIEW #16-352 S(15013)
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	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)	5
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE
Passenger 2	NAME: : PASSENGER GENDER: : FEMALE
Passenger 3	NAME: : PASSENGER GENDER: : MALE
Passenger 4	NAME: : PASSENGER GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

refer attached police report.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJT8075H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	91166603
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:

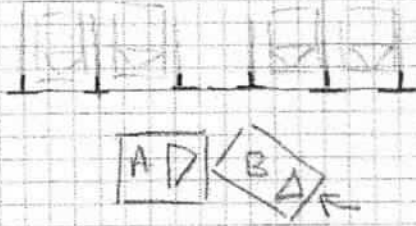
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 28/01/2020


 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

Refer to police report.

DECLARATION

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

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.:



**SINGAPORE
POLICE FORCE**



T/20200126/2081

1 of 4

Report No. T/20200126/2081

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/01/2020 18:34	Vide Report No.:	Station Diary No.: 41
--	------------------	--------------------------

Informant's		
Name of Informant: SEE TOH RONG YAO		Address: APT BLK 130 BUKIT MERAH VIEW #16-352 SINGAPORE 150130
ID Type / ID No.: NRIC NO / S90368411		Contact No.: Home/Office: Mobile: 91334140
Nationality: SINGAPORE CITIZEN		Email:
Sex: Male	Age: 29	Date of Birth: 06/10/1990
Race: Chinese		Type of Informant: Driver
Occupation: CYBER SECURITY SPECIALIST		Language: Institution / School Name:
Driving Licence Information: Class: 3A		Date of Expiry:

General Information of the				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 26/01/2020 15:55	Type of Location: Car Park
Location: Along Road 1 BUKIT MERAH VIEW				
124A BUKIT MERAH VIEW MULTI-STOREY CARPARK DECK 2A				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic		
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Damage	Count
SJT8075H	Car	KIA	CERATO EX FORTE 1.6L A/T ABS AB 2WD 4DR	Maroon	Slightly Damaged	0
SMP4140P	Car	HYUNDAI	I30 PDE 1.4 T-GDI DCT	Grey	Slightly Damaged	4

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Damage	Count



**SINGAPORE
POLICE FORCE**



T/20200126/2081

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

2 of 4
Report No. T/20200126/2081

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SMP4140P	AXA INSURANCE SINGAPORE PTE LTD	P2341677	12/09/2019	11/09/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	UNKNOWN	ID No.	NIL
Related Vehicle	SJT8075H (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	SEE TOH RONG YAO	ID No.	S90368411
Related Vehicle	SMP4140P (Car)	Contact No.	91334140
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 26/01/2020, at about 1555hrs, I was driving my Grey Hyundai i30 car bearing plate number : SMP4140P through 124A Bukit Merah View Multi-Storey Carpark Deck 2A. Subsequently, I stopped my car as a Maroon Kia car bearing plate number : SJT8075H in front of me was reversing to park. The distance between both our cars was too close and his timing abrupt without giving hazard light signals. I immediately horned at him, however, his car reversed into my car. The right rear of the said vehicle then scraped the right front bumper of my vehicle. I left a note for the driver as he did not stop to exchange particulars and just drove off. Subsequently, the son namely, Gary (HP:91166603) called me and requested to settle the matter privately.

I have an in-car camera footage as evidence of the accident. But I want to settle the matter privately. I am lodging this report for record purposes.



**SINGAPORE
POLICE FORCE**



T/20200126/2081

3 of 4

Report No. T/20200126/2081

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20200126/2081

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

4 of 4

Report No. T/20200126/2081

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: D / Sgt 3 NG SAY-JUEN, NEIL	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	

Signature Of Informant:	
Date/Time:	26/01/2020 18:34
Classification Of Case:	

Authentication Stamp
NP168

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	841I
Vehicle No.:	SMP4140P
Vehicle to be Exported:	No
Intended Deregistration Date:	10 Feb 2020
Vehicle Make:	HYUNDAI
Vehicle Model:	I30 PDE 1.4 T-GDI DCT
Primary Colour:	Grey
Manufacturing Year:	2019
Engine No.:	G4LDKD073727
Chassis No.:	TMAH3513VKJ114009
Maximum Power Output:	95.6 kW (128 bhp)
Open Market Value:	\$19,007.00
Original Registration Date:	12 Sep 2019
First Registration Date:	12 Sep 2019
Transfer Count:	0
Actual ARF Paid:	\$19,007.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	11 Sep 2029
PARF Rebate Amount:	\$14,255.00
COE Expiry Date:	11 Sep 2029
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$32,725.00
COE Rebate Amount:	\$31,370.00
Total Rebate Amount:	\$45,625.00

The information contained herein is correct as at 10 Feb 2020

OK


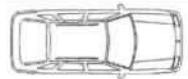
**LKK Auto Consultants Pte Ltd**

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

Page No.:1 of 1

PRE-REPAIR INSPECTION REPORT				
AXA INSURANCE PTE LTD		Ref: CS3/ASM20001884/Gtf3e2		
8 SHENTON WAY #24-01 AXA TOWERS SINGAPORE 068811		Date: 13-02-2020		
ATTN: CYNTHIA LOH		Code: ASM		
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	SJT 8075H	Veh. Inspected	SMP 4140P	
Policy No.		Coverage (\$)	0.00	
Claim No.	S0M02EPE	Excess (\$)	0.00	
Assign From	CYNTHIA LOH	Assign Date	04/02/2020	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I30	c.c	1353	
Engine No.	HIDDEN	Year of Reg.	2019	
Chassis No.	TMAH3513VKJ114009	Colour	GREY	
Odometer	4842 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	225/40 R18	GOODYEAR	9 mm	
L/H Front Tyre	225/40 R18	GOODYEAR	9 mm	
R/H Rear Tyre	225/40 R18	GOODYEAR	9 mm	
L/H Rear Tyre	225/40 R18	GOODYEAR	9 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION.				
5. General Information				
Accident Date	26/01/2020	Inspect Date / Time	10/02/2020 (05:00 PM)	
Survey held at	ASSURE AUTO ASSIST - 14 AMK STREET 63 BLK B			
Repairer	-			
5a. Remarks				
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE. C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS. D) THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$2,000-\$3,000				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:			3 Working Days	

Report Ref No. CS3/ASM20001884/Gtf3e2

Inspected By

XING GUO QIANG

M.MATAI, AMSAE-A

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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