

ASS. REC. BY:

Tayhin

REF:

INC

## 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: SGF 6432HPolicy No: 5080072318-03 (04/09/2019-04/09/2020)Claims No: MT/1083802-002

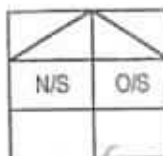
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(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: \_\_\_\_\_ 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: SHC1168H Yr Regn: 2019, Dec

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

Truck / Trailer or

Make: Toyota Prius c.c. 1798Colour: Blue A/C: Insured / Std / NI / NASp. Reading: — T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: STOKB3FU903090486Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / SRim / STD A/Rim orTyre Size: F: 195/65R15R: —

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

TOYO / YOKO or

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 8/2/20 D.O.I. 10/2/20Survey held at COPE LayanDes. of Damages: Frt / Rear / O/S / N/S / U/C / Roof or

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

Date / Time Action / Instruction last noteNO PolicySHC 1168H - NS/INC/2019242/11v3N2 Ref - 25/12/2019SGF 6432H - X18/2/20 Final fig \$ 984.45 confirmed by email (Ref 503.95, sub)

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 20/2 - typist

Rep. Format:

TP

Lump Sum / L.B. / C.

984.45Days Of Repair: 2Resurvey No. of Trip: 1

Add Fee:

☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

TOTAL

160

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"/>	5080072318-03		JULIANA BINTE NAWI	S8013598Z	GPC	Third Party, Fire & Theft	SGF6432H	SGF6432H	04/05/2019	03/05/2020

**Veron Chen (LKKAUTO)**

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**From:** Veron Chen (LKKAUTO)  
**Sent:** Tuesday, 18 February 2020 3:27 PM  
**To:** Chiang Liat Choon; Taufikh (LKKAUTO); SUR  
**Subject:** RE: SHC1168H FINALIZE

Dear Mr Chiang,

WITHOUT PREJUDICE

Confirmed amount \$984.45 @ 2 working 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)

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**From:** Chiang Liat Choon <chianglc@cdge.com.sg>  
**Sent:** Tuesday, 18 February 2020 2:59 PM  
**To:** Taufikh (LKKAUTO) <Taufikh@lkkauto.com>  
**Subject:** Fw: SHC1168H FINALIZE

Dear Taufikh,

Best Regards

Chiang Liat Choon

Taxi Crash Repair ComfortDelGro Engineering Pte Ltd

Off: 62148314 Fax: 65468156



Think Before Printing

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**From:** canon@comfortdelgro.com.sg <canon@comfortdelgro.com.sg>  
**Sent:** Tuesday, 18 February 2020 2:19 PM  
**To:** Chiang Liat Choon  
**Subject:** Scan Image

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> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	821R
<b>Vehicle Details</b>	
Vehicle No.:	SHC1168H
Vehicle to be Exported:	No
Intended Deregistration Date:	11 Feb 2020
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)
Primary Colour:	Blue
Manufacturing Year:	2019
Engine No.:	2ZR2G16086
Chassis No.:	JTDKB3FU903090486
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,807.00
Original Registration Date:	20 Dec 2019
First Registration Date:	20 Dec 2019
Transfer Count:	0
Actual ARF Paid:	\$14,530.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	19 Dec 2027
PARF Rebate Amount:	\$10,897.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	19 Dec 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$25,581.00
COE Rebate Amount:	\$25,116.00
<b>Total Rebate Amount:</b>	<b>\$36,013.00</b>
<b>Message</b>	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 11 Feb 2020

OK

## 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	08/02/2020 12:23
Date Of Accident	08/02/2020 02:45
Exact Location Of Accident	ALONG GRANGE RD BEFORE JUNCTION OF ORCHARD LINK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1168H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXXX21R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS
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	POH BEE SENG
NRIC No	SXXXX003Z
Date Of Birth	16/11/1949
Occupation	OUTDOOR
Date Of Driving Pass	30/01/1971
Driving Experience	49 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97353933
Fax Number	
Contact Number	
Email Address	BEESENG_P1611@YAHOO.COM

Address	BLK 584 ANG MO KIO AVENUE 3 #11-3101
Postcode	560584
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)	5
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - 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

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	SGF6432H
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	PRIVATE CAR
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	POH BEE SENG
Approximate Age	71
Injuries Sustain	NECK PAIN
Injured person in which vehicle?	SHC1168H
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

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 19930352115

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.:

GIA-ACCIDENT FORM V3





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached.

**DECLARATION**

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

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 10930382110

Policyholder's Signature  
Date & Time:

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

Olivia Wendy

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

Printed Name (Please Print)

**Describe Circumstances of the Accident.**

On the 08/02/2020 @ 02:45hrs, I was driving along Devonshire Rd towards Grange Rd Direction with 4 passenger on board my taxi.

I stop before the traffic light junction of Orchard Link and when suddenly there's an impact from behind my taxi. I step out to check and found a vehicle of SGF6432H front portion had collided onto my taxi rear left portion.

I felt slight neck pain and will consult doctor later.

### Declaration

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

COMFORT TRANSPORTATION, LTD.  
CO. REG. NO. 1992038216

Policyholder's Signature/Date &  
Time

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

Witnessed by Reporting  
Centre Personnel

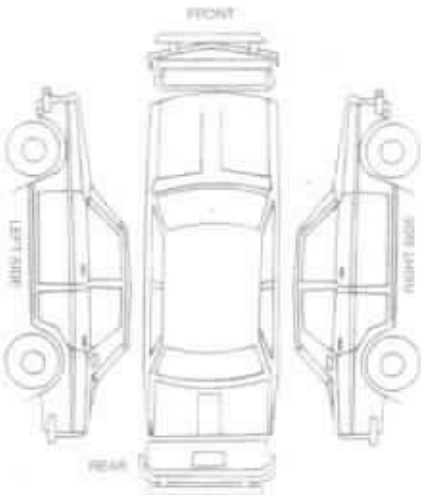


Team:	ARC Repair TP(CLSO)1	JOB CARD	Sales Order:	JC NO.: 305380055
Customer:	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755		REGN NO.: SHC1168H	MILEAGE
MS			MAKE: TOYOTA	FUEL
Customer NO.			MODEL: PRIUS HYBRID(G4A08	DATE/TIME IN: 08.02.2020 11:25
Address			YR OF MANU: 20.12.2019	TARGET DATE
(R)			CHASSIS CODE: JTDKB3FU903090486	COMPLETION DATE/TIME:
(P)				
Count Card No.				

Accident Date: 08.02.2020  
NATURE: 3P 08.02.2020

JOB DESCRIPTION

S/NO                      LABOR CODE                      DESCRIPTION



Checked & Passed Out By: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Vehicle Identification Slip

Exit Pass

No.: SHC1168H CHIANG

Vehicle No.: SHC1168H

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

## REPAIR ESTIMATE\*

DATE 14/01/2020

CHIANG/DASIA

MODEL TOYOTA PRIUS

11/2/2020 Taylor 97495749  
- wp

Acknowledged by Repairer  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

6/2/20 @ 5pm  
02 days  
P/P: Resuming after repair  
photo news parts  
sur @ UKwant to run.

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 18.02.2020

Time: 14:10:27

Page: 1

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

JOB NO : 305380055  
REGN NO : SHC1168H  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID(G4A)  
DATE OF REGN : 20.12.2019  
DATE/TIME IN : 08.02.2020 11:25  
ACCIDENT DATE : 08.02.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2713-G PRIG4Q8 GUARD REAR BUMPER 1 552.60 25.00 414.45

SUB-TOTAL : 414.45

JOB NATURE

0000 20-05 BUMPER MAT 50.00

0001 PB PANEL BEATING 320.00

0002 SP SPRAYPAINT CHARGE 200.00

SUB-TOTAL : 570.00

TOTAL : 984.45

\_\_\_\_\_  
MVA NAME & SIGNATURE  
DATE :

\_\_\_\_\_  
AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

Our Job Ref No : 305380055  
Date : 12/02/20

## COMFORTDELGRO ENGINEERING

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

### FINALIZATION FORM

To : LKK  
Attn : NAZ  
: SHC1168H

Fax :

08/02/20

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


- 2 The repair job shall bill to: NTUC SGF6432H
2. The finalized amount shall be:
- |   |                 |
|---|-----------------|
| (a) Spare Parts after List discount       | <u>\$464.45</u> |
| (b) Labour Charges                        | <u>\$520.00</u> |
| <b>Total for Part-By-Part Repair Cost</b> | <u>\$984.45</u> |
| (c) Lumpsum Repair (if applicable)        |                 |
| Total for Lumpsum repair cost after Less: |                 |
| <b>Final Lumpsum Repair cost</b>          |                 |

3. Estimated normal period for repairs: 2 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 :   
Name : CHIANG  
Tel : 62148314  
Fax : 65468156

Signature : \_\_\_\_\_  
Name : \_\_\_\_\_  
Date : \_\_\_\_\_

### 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/INC20002313/T1vf3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 20-02-2020



Code: INC4

**1. Policy Particulars :- THIRD PARTY CLAIM**

Insured Veh.	SGF 6432H	Veh. Inspected	SHC 1168H
Policy No.	5080072318-03	Coverage (\$)	0.00
Claim No.	MT/1083802-002	Excess (\$)	0.00
Assign From		Assign Date	10/02/2020

**2. Vehicle Particulars & Condition**

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	JTDKB3FU903090486	Colour	BLUE
Odometer	-	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

**3. Conditions of Tyres**

	Size	Make	Balance
R/H Front Tyre	195/65 R15	DUNLOP	6 mm
L/H Front Tyre	195/65 R15	DUNLOP	6 mm
R/H Rear Tyre	195/65 R15	DUNLOP	6 mm
L/H Rear Tyre	195/65 R15	DUNLOP	6 mm

**4. Description of Damages**

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
--

**5. General Information**

Accident Date	08/02/2020	Inspection Date	10/02/2020
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.
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**5b. Estimate Days of Repair**

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 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. SHC 1168H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	REAR BUMPER	TO REPAIR SEE LABOUR	458.60	-
1	REAR BUMPER LOWER COVER	CUT	552.60	552.60
	LESS 25% DISCOUNT		-252.80	-138.15
			758.40	414.45
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	BUMPER MAT (SN)	NECESSARY	50.00	50.00
			50.00	50.00
	<b><u>LABOUR</u></b>			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR BUMPER.		380.00	320.00
	SPRAY PAINTING CHARGE.		240.00	200.00
	TUFF KOTE.	NOT NECESSARY	60.00	-
			680.00	520.00
	<b>GRAND TOTAL</b>		<b>1,488.40</b>	<b>984.45</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>984.45</b>

Report Ref No. NS/INC20002313/T1vf3n2

MOHAMAD TAUFIKH

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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