ASS. REC. BY	cs3/ASM20000808/Egd3ex	-1 Special Instruction:
Suveyor: Feve	ASSIGNMENT (Office)	28/07/2020
From (Person): Ywnne Arg	of ASM (AXA)	Date/Time: 18 00 2000
Estimated Cost:	Bill to:	
OD TP WS/TP RES/OD RES/EV	A/INV/MV/CS	
To Inspect Vehicle No:	XB 8506 K Insure	d 3/Z 5/2 J
To Inspect Vehicle No:	vfix Auto To	6385 1171
of 26 Chia	ping Road	
Policy No: 6A 523910	Claim No: SOM	102611
Sum Insured:	Excess:	1076117
Make of Veh: (Client's Record)		D.O.A. 14/02/2020
CA / REV / REP. / REV 24 HRS		H.O.D. Endorsement:
Date/Time: 21/02/2020 Pe	erson Contacted: Si Lee	Vehice IN OUT
Date/Time Action/Instruction   Shy	maly (X	7
of x so submit bes.		15
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	100	

Menu

T. 10.070.m 18/2120



# Service Request Details

Claim

S0M02GI1

Reference

None Ø

Loss Date

February 14, 2020

Report Date

Feb 17, 2020 2:44:14 PM

Request Date

February 18, 2020

Due Date

February 25, 2020

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pending verification - Direct Settlement

### Actions

Next Step

Agree to perform service

Decline Work

Accept Work

#### Vehicle Information

Incident Vehicle Registration #

XB8506K

LKK AUTO CONSULTANTS PTE LTD (TP) ▼ Menu

Model

111

UNKNOWN

Service Address

Primary Contact/Insured

KNG JUNWEI 8 ENGGOR STREET, #24-02, 079718, Singapore

EMAIL@SUNMEX.SG

Claim Handler

ANG Yvonne 6568804461

yvonne.ang@axa.com.sg

Additional Instructions

WS: Vfix Auto Private Limited

Invoices

Documents

History

Assessment

Metrics

Notes

New Message

Messages

### Summer Lee (LKK Auto)

From:

Loo Sile <sile@iaconsultingsg.com>

Sent:

Monday, 17 February, 2020 3:38 PM

To:

SG AXA Insurance SM AXA SGP - Motor Survey

Cc: Subject:

Tan Ling Ling (Candy); motor; iabn; Wskoh; ybsim; jessicassy; jeffbz; Kentsh; Alancık [EXTERNAL] Re: ACCIDENT INVOLVING XB8506K AND SJZ512J ALONG ECP FRONT

XILIN AVE TWDS FORT ROAD ON 14.02.2020

Categories:

Namrata

Dear Sir,

We received a call from your colleague, Sam, to arrange for PRI.

We regret to inform you that we will not have a direct settlement for this case.

Kindly send your surveyor to conduct PRI on 21/2/2020 (Friday), after 11.30am. The vehicle is at 26 Chia Ping Rd, Singapore 619977.

Thanks.

Best regards, Loo Si Le +65 6385 1171 For and On behalf of Vfix Auto Private Limited

---- On Mon, 17 Feb 2020 13:36:39 +0800 Loo Sile <sile@iaconsultingsg.com> wrote ----

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 Vfix Auto Private Limited

Thanks.

Best regards, Loo Si Le +65 6385 1171 51 UBLAYE 1, #01-25 PAYA UBLINDUSTRIAL PARK, SINGAPORE 408933 TEL: (065) 62563561 FAX: (065) 62564315

### **Immediate Advice**

To: AXA Insurance Pte Ltd

27/2/2020

## **Survey Details:**

Date of loss	14-Feb-20
Date of appointment	18-Feb-20
Date of survey	21-Feb-20
Location of survey	VFIX AUTO

### Vehicle Details:

Claim Type:	Third Party Claim	
Vehicle number	XB 8506K	
Make and Model	VOLVO FMX370 64R SLEEPER CA	
Date of registration	24/8/2012	
Excess	-	
Market Value	\$ 35,000.00	
Parf Rebate	\$	13,966.00
Nett Loss	\$	21,034.00

# Repair details:

Initial Estimate	Ś	-

### Proposed/Revised repair cost:

Parts	
Check items (estimate)	
Labour	
Total	\$
Lump Sum(if applicable)	

Number of days for repair	<u>4</u>

51 UBLAVE 1, #01-25 PAYA UBLINDUSTRIAL PARK, SINGAPORE 408933 TEL.: (065) 62563561 FAX: (065) 62564315

### Remarks:

The estimate repair co region of \$6,000.00 - \$	-	amaged vel	nicle is in the

# Mandate:

Liability(TP)	%	
Proposed repair cost	\$	
Loss of use	\$	no. of days
Loss of rental	\$	no. of days
Loss of income	\$	no. of days
LTA search fees	\$	
Others	\$	
Proposed Total	#VALUE!	

# > Báck to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	ior ed vernere	
Owner ID Type:	Company	
Owner ID:	970Z	
Vehicle Details		
Vehicle No.:	XB8506K	
Vehicle to be Exported:	No	
Intended Deregistration Date:	22 Feb 2020	
Vehicle Make:	VOLVO	
Vehicle Model:	FMX370 64R SLEEPER CAB	
Primary Colour:	White	
Manufacturing Year:	2012	
Engine No.:	D11261664	
Chassis No.:	YV2J1E1D0CA732634	
Maximum Power Output:		
Open Market Value:	\$107,326.00	
Original Registration Date:	24 Aug 2012	
First Registration Date:	24 Aug 2012	
Transfer Count:	0	
Actual ARF Paid: Intended PARF Rebate Details	\$5,367.00	
PARF Eligibility:	No	
PARF Eligibility Expiry Date:	-	
PARF Rebate Amount: ntended COE Rebate Details	\$0.00	
COE Expiry Date:	23 Aug 2022	
COE Category:	C - Goods Vehicle & Bus	
COE Period(Years):	10	
QP Paid:	\$55,805.00	
COE Rebate Amount:	\$13,966.00	
Total Rebate Amount:	\$13,966.00	

The information contained herein is correct as at 22 Feb 2020

ОК

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Post an Advertisement Sell it yourself! Advertise it at just \$58 until it's SOLD!

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Ways of Selling

2016 Lexus ES Hybrid ES300h Luxury \$103,8K



Facelifted Modelli Fully Agent Maintained, 5 Yrs + Hybbrid 10 Yrs Warranty,

Trust Motoring StarAd



Browse by Category Sort by Date Posted ▼ 40 results/page 1 vehi Advanced Search Volvo FMX370 160 Model Price Depreciation Reg Date Eng Cap Mileage Veh Type Any Апу Availabl Search Selection Volvo FMX370 Απγ Any Апу Any Volvo FMX370 Tipper \$39,600 \$15,730 /yr 30-Aug-2012 10,837 cc Truck Availabl Fuel Type: Diesel Tags: 2012 Valvo FMX370, 2012 valvo fmx370, Volvo FMX370, volvo fmx370, Volvo, FMX370, fmx370, Used Volvo Posted: 10-Feb-2020

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Model

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Veh Type

oe Status

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#### 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 <u>truthful and accurate</u> 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.
- 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 14/02/2020 17:38

Date Of Accident 14/02/2020 02:50

Exact Location Of Accident ALONG ECP FRONT XILIN AVE TWDS FORT ROAD

Country/State of Loss SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number XB8506K

Insured/Policyholder

Name Of Registered Owner EXPRESS TRANSPORT SERVICES & CONSTRUCTION PTE LTD

Co Reg No 1XXXXX970Z

Email Address KINHOE.NG@KTCGROUP.COM.SG

Mobile Phone No

Alternative Phone No OFFICE-96155910

Vehicle Particulars

Manufacturer VOLVO

Model FMX370 64R SLEEPER CAB

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 GOODS VEHICLE

Insurance Company

Name of Insurance Company GREAT EASTERN GENERAL INSURANCE LIMITED

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 2019-V0089141-VCV-R007

Cover Note Number

Driver

Name of Driver FAN KOK CHONG

 Passport No/FIN
 FXXXX269M

 Date Of Birth
 15/04/1976

 Occupation
 OUTDOOR

 Date Of Driving Pass
 14/09/2002

Driving Experience 17 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98953346

Fax Number

Contact Number

EMail Address NOEMAIL

Address

27 PANDAN CRESCENT

Postcode

128476

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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)

2

involved in the accident

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?

YES

If Yes. Please state which Police Station

Police Station Name

JURONG WEST NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 700 CORPORATION ROAD, POSTCODE: 649818, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-2689999 - FAX NO: 62672438

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT NO. T/20200214/2022.

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 Vehicle Make/Model/Colour

SJZ512J

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 14

No. Of Passenger (Including Driver)

#### Sketch Plan Pg. 1

#### SKETCH PLAN

#### JTICE

-port correctly the details of the accident to speed up the claims process.

, Form must be completed by the Policyholder and/or the Authorised Driver.

Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.

- 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 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:
  - 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:

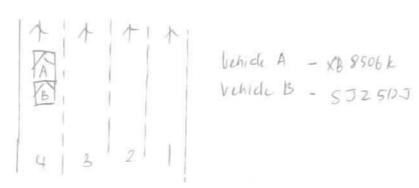
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

SKETCH PLAN



LICENSE PLATE:	ACCIDENT DA	ATE & TIME:
CONTACT NUMBER:	E-MAIL ADDR	RESS:
OCATION:		
Refer but	+ No - T/20200214/2027	
Refer Refer	1100 1730000117	
NOTE: PLEASE NOTE T	HAT YOUR INSURER MAY HAVE 14 DAY	S TIME FRAME FOR YOU TO SUBMIT AN
		CK YOUR POLICY FOR MORE INFORMATION
Please state:		
( ) Claim Own Policy	( ) Claim Third Party ( ) Claim OD/T	TP at other workshop ( ) Reporting Only
DECLARATION /We declare the foregoing partic	rulper are true in every respect	SE PTE
y we decide the lovegoing partie	wind are title in every respect.	(NO POLICE OF THE POLICE OF TH
Policyholder a Signature	Driver Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.: NE DE YEST





1 of 3

Report No. T/20200214/2022

# Police Station Of Origin: Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time 14/02/2020		ade:	Vide Report No.: G/20200214/0060	Station Diary No.: 38
Informant	's Particu	lars		
Name of Ir FAN KOK			Address: 84 Taman Bestari 06/2 Ulu Tiram	
ID Type / I FIN NO / F		М	Contact No.: Home/Office:	Mobile: 98953346
Nationality MALAYSIA			Email:	
Sex: Male	Age: 43	Date of Birth: 15/04/1976	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupatio Lorry drive			Driving Licence Information Class: 2B,2A,3,4,5	n: Date of Expiry:

General Infor	mation of the Acciden	it		
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 14/02/2020 02:50	Type of Location: Straight Road
Location: Along Road 1 EAST COAS	TEXPRESSWAY			
Weather:		Road Surface:		Road Speed Limit:
Clear		Dry		
Traffic Flow:		Traffic Control:		Traffic Volume:
One Way		Not Controlled		No Traffic
Type of Collis Between Mov	sion: ving Vehicles - Head To	o Rear		Anyone conveyed by ambulance:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJZ512J	Car				Totally Damaged	0
XB8506K	Lorry				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





3 of 3

Report No. T/20200214/2022

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999 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: J / Staff Sgt TAMILLMAARAN S/O LETCHMANAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/02/2020 09:40
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151  Authentication Stamp NP168  Signature: Singapore Police	Classification Of Case:  SN 126





12

Police Station Of Origin: Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

CONTINUATION OF REPORT

Report No. T/20200214/2022

2 of 3

Driver							
Name	FAN KOK CHONG			ID No.		F8255269M	
Related Vehicle	XB8506K (Lorry)			Contact No.		98953346	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 2B,2A,3,4,5 Date of Expiry: NIL	
Date Treatment	tment NIL		Date Disc	charge	NIL		
No. of Days gran	NIL	Degree o	Degree of Injury NIL				

#### Brief Details.

On the 14th February at about 0250hrs, I was driving my company tipper lorry XB8506K along East Coast Expressway from Xilin Avenue towards fort road. I was driving to Marina East drive to unload some soil for the staging ground for dumping. As I was driving along the outer most left side lane when I felt a hit to the rear right side of my lorry. I quickly came out to see and saw that SJV512J had collided with my lorry and thereafter hit onto the right side metal divider at the expressway. EMAS arrived and called for ambulance and the traffic police. The paramedics made a check on the both of us and we suffered no injuries. The driver of the car did not want to be conveyed to hospital. Traffic police came shortly after informed us to lodge a police report vide G/20200214/0060. The damages to my lorry was a damaged right side mud guard, tire and rims. The car that collided my lorry was totally damaged due to the impact of hitting the metal divider. My lorry is fitted with a in car cam which might have captured the accident.



#### 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 CS3/ASM20002808/Eqd3e2 AXA INSURANCE PTE LTD 8 SHENTON WAY #24-01 AXA TOWERSINGAPORE Date: 28-02-2020 068811 Code: ASM ATTN: YVONNE ANG Policy Particulars :- (THIRD PARTY CLAIM) Insured Veh. SJZ 512J XB 8506K Veh. Inspected 0.00 GA523910 Coverage (\$) Policy No. 0.00 S0M02GI1 Excess (\$) Claim No. 18/02/2020 **Assign From** YVONNE ANG **Assign Date Vehicle Particulars & Condition** Make & Model VOLVO FMX370 10837 C.C HIDDEN 2012 Engine No. Year of Reg. YV2J1E1D0CA732634 WHITE Chassis No. Colour Odometer 831577 KM Steering IN ORDER IN ORDER STANDARD ALLOY RIM Modification **Brakes** FAIR General **Conditions of Tyres** 3. Size Make Balance 315/80 R22.5 TRIANGLE 5 mm R/H Front Tyre L/H Front Tyre 315/80 R22.5 TRIANGLE 5 mm 315/80 R22 5 TRIANGLE 5 mm R/H Rear Tyre TRIANGLE 315/80 R22.5 5 mm L/H Rear Tyre **Description of Damages** 4. THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. 5. **General Information** 14/02/2020 Inspect Date / Time 21/02/2020 ( 11:13 AM ) **Accident Date** VFIX AUTO SERVICE PTE LTD Survey held at 26 CHIA PING ROAD SINGAPORE 619977 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 \$6,000-\$7,000 5b. **Estimate Days of Repair** ESTIMATED NORMAL PERIOD FOR REPAIR: 4 Working Days

Report Ref No. CS3/ASM20002808/Eqd3e2

Inspected By

4

CHEN TSUE YEE

L

K.K.LAU CPT(RET)

Automotive Assessor

BEng(Hons), B.Bus, MBA, PEng, PE, MInstAEA, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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