

ASS. REC. BY: RevuREF: NS/INC20003041/Fvd3sr

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: SLZ 5541TPolicy No. 5101280796-01 (25/6/19-24/6/2020)Claims No. MT / 1085124-002

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

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: SHC 2639J Yr Regn: 06/09 / 2018

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

Truck / Trailer or _____

Make: Hyundai ianig c.c. 1580Colour: blue A/C: Insured / Std / NI / NASp. Reading: 185086 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KN4C851CVKUI0TS32Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65 R15

R: _____

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

TOYO / YOKO or PRIVATIFront ? mm Rear ? mmR/Bal. ? mm R/Bal. ? mmL/Bal. ? mm L/Bal. ? mmD.O.A. 20/2/2020 D.O.I. 21/02/2020Survey held at Consistent (10/2/2020)Des. of Damages: Frnt / Rear / O/S / N/S / U/C / Rooftop orFrnt O/S

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

Date / Time Action / Instruction

SHC 2639J - C81FC114004755 / Dsd 3n2SLZ 5541T - X

DDA: 30/5/2019

RECEIVED 27 FEB 2020

P/P: \$864.72 with 2 repair days (Red 230, 219)Confirm on 26/02/2020 with Juran26/2/2020

Date/Time, File Pass to?

☐: Prel. Report

1)

☐: Final Report

Date/Time, File Return to?

2) 26/2 - typistDays Of Repair: 2Resurvey No. of Trip: 1

Survey Fee:

Transportation:

\$ + RS. \$1

Photos:

Others:

TOTAL

Add Fee: ☐: Site Insp. (\$)☐: Interview (\$)☐: Tech. Insp. (\$)☐: Weekend (\$)Report Format: TPLump Sum / A.P.F. (\$): 864.72

TP Claims against NTUC Income: Follow-Through Survey

Date : 26/02/2020

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1085091-002	COMFORTDELGRO	SHC 8573A	PA 8595C	20/02/2020	7:05	\$ 7,621.74
2	MT/1085154-002	COMFORTDELGRO	SHC 8049Y	SMD 6589D	19/02/2020	18:05	\$ 2,853.20
3	MT/1085121-002	COMFORTDELGRO	SHC 2639S	SLZ 5541T	20/02/2020	14:20	\$ 1,094.72
4	MT/1084571-002	COMFORTDELGRO	SH 7248P	SMP 6939P	15/02/2020	20:15	\$ 6,397.30
5	MT/1085906-001	COMFORTDELGRO	SHA 3896L	GK 5050G	16/02/2020	16:30	\$ 2,062.10
6	MT/1085749-002	COMFORTDELGRO	SHA 3896L	SKW 5590D	23/02/2020	12:30	\$ 1,509.01
7	MT/1085148-002	COMFORTDELGRO	SH 6247Z	FS 3788U	19/02/2020	19:40	\$ 1,680.60
8	MT/1084781-002	COMFORTDELGRO	SHA 3594H	SLH 8162D	17/02/2020	14:55	\$ 6,226.28
9							
10							
11							

[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"/>	5101280796-01		JENAGURU S/O KALIMUTHU	S8939497Z	GPC	drive CLASSIC	SLZ5541T	SLZ5541T	25/06/2019	24/06/2020

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	20/02/2020 16:50
Date Of Accident	20/02/2020 14:20
Exact Location Of Accident	CROSS ST >> CHIN SWEE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2639J
Insured/Policyholder	
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	HYUNDAI
Model	IONIQ
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	ABDUL AZIZ S/O ABDUL RAHMAN
NRIC No	SXXXX063G
Date Of Birth	11/07/1957
Occupation	OUTDOOR
Date Of Driving Pass	08/12/1980
Driving Experience	39 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96666094
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 863 WOODLANDS STREET 83 #02-196
Postcode	730863
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	SIDE SWIPE
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	SLZ5541T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JENAGURU S/O KALIMUTHU
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	LEFT REAR
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name

ABDUL AZIZ S/O ABDUL RAHMAN

Approximate Age

63

Injuries Sustain

PAIN ON THE NECK, BACK AND NUMBNESS OF RIGHT ARM

Injured person in which vehicle?

SHC2639J

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.
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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 Purpose
- (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.

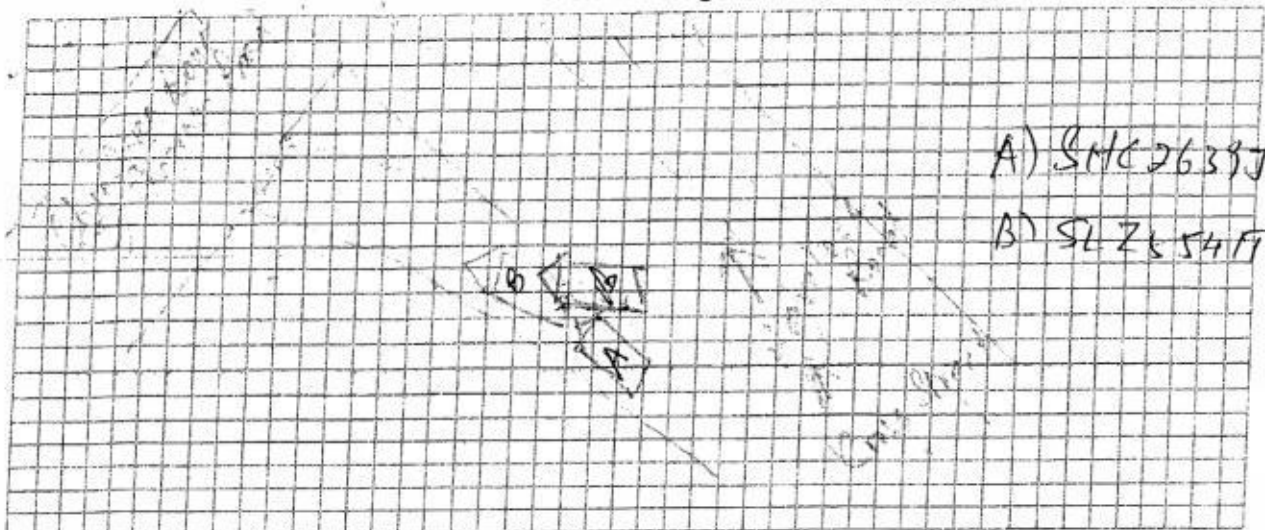
COMFORT TRANSPORTATION PTE LTD
CC: REG. NO. 19920357116

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 Pg. 2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20/2/20 at about 14:20hrs while I Veh. A was travelling along the extreme left lane towards Chin Swee Road, Veh. B from the lanes toward Havelock Road suddenly intercepted onto my lane and collided onto the right front portion of my vehicle. Veh. B was damaged on the left rear portion. I felt some pain on the neck, back and numbness of my right arm and will be collecting the doctor.

DECLARATION

We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION CO. LTD.
CORP. REG. NO. 198303621P

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.:

U.S. 8C Sketch Plan for 1, V3

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	821R
Vehicle Details	
Vehicle No.:	SHC2639J
Vehicle to be Exported:	No
Intended Deregistration Date:	24 Feb 2020
Vehicle Make:	HYUNDAI
Vehicle Model:	AE IONIQ HEV 1.6 DCT
Primary Colour:	Blue
Manufacturing Year:	2018
Engine No.:	G4LEJU081776
Chassis No.:	KMHC851CVKU107532
Maximum Power Output:	103.6 kW (138 bhp)
Open Market Value:	\$24,883.00
Original Registration Date:	06 Sep 2018
First Registration Date:	06 Sep 2018
Transfer Count:	0
Actual ARF Paid:	\$11,837.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	05 Sep 2026
PARF Rebate Amount:	\$8,877.00
Intended COE Rebate Details	
COE Expiry Date:	05 Sep 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$25,872.00
COE Rebate Amount:	\$21,126.00
Total Rebate Amount:	\$30,003.00
Message	
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 24 Feb 2020

OK

Date/Time: 21.02.2020 11:12

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 3993389

JC NO.: 305382727

OWNER

COMFORT TRANSPORTATION PTE LTD

AS 7010045

OWNER NO. 383 SIN MING DRIVE

RESS Singapore SINGAPORE 575717

65508755

(R) (O)

(P)

OUNT CARD NO.

REGN NO.

SHC2639J

MILEAGE

MAKE:

HYUNDAI

FUEL

E.....1/2.....F

MODEL

IONIQ(G2)

DATE/TIME IN

20.02.2020 15:40

YR OF MANUF

06.09.2018

TARGET DATE

CHASSIS CODE

KMHC851CVKU107532

COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 20.02.2020

NATURE: 3P 20.02.2020

S/NO LABOR CODE

000020

PB

000030

SP

000040

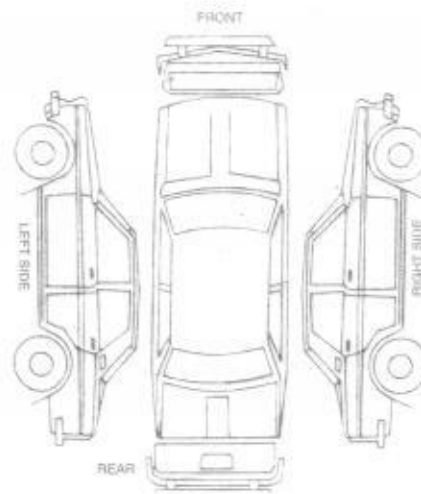
17-01

DESCRIPTION

PANEL BEATING

SPRAYPAINT CHARGE

CHECK ALL LIGHTING



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Delivery Slip

Exit Pass

No.: SHC2639J

JU NTUC LKK

Vehicle No.:

SHC2639J

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

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

JOB NO : 305382727
 REGN NO : SHC2639J
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G2)
 DATE OF REGN : 06.09.2018
 DATE/TIME IN : 20.02.2020 15:40
 ACCIDENT DATE : 20.02.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2534-G IONIQV2&3 COVER-FR BUMPER 1 430.90 20.00 344.72 ~~1100~~ DEF
 SUB-TOTAL : 344.72

JOB NATURE

0000 PB PANEL BEATING 400.00 \$320
 0001 SP SPRAYPAINT CHARGE 300.00 \$200
 0002 17-01 CHECK ALL LIGHTING 50.00 ~~100~~
 SUB-TOTAL : 750.00

TOTAL : 1,094.72

AUTHORISED : YES / NO

MVA NAME & SIGNATURE

SURVEYOR NAME & SIGNATURE

DATE :

DATE :

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Ram (LKK)
 21/02/2020 12:30h
 Paresurron@lkkauto.com
 28627718
 (P/P) alt repair photo
 21/02/2020

Our Job Ref No 305382727

Date : 24/02/2020

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

FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

: SHC2639J

DOA: 20/02/2020

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

1. The repair job shall bill to: NTUC --- SLZ5541T
###
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$344.72
 - (b) Labour Charges ### \$520.00
 - Total for Part-By-Part Repair Cost** \$864.72
###
 - (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20%
Final Lumpsum Repair cost

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 : JUMANI

Tel : 6214 8315

Fax : 65468156

Signature : 

Name : RAM

Date : 26/02/2020

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:

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 22.02.2020
Time: 10:51:52
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 : 305382727
REGN NO : SHC2639J
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 06.09.2018
DATE/TIME IN : 20.02.2020 15:40
ACCIDENT DATE : 20.02.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2534-G IONIQV2&3 COVER-FR BUMPER 1 430.90 20.00 344.72 DEF
SUB-TOTAL : 344.72

JOB NATURE

0000 PB PANEL BEATING 320.00
0001 SP SPRAYPAINT CHARGE 200.00
SUB-TOTAL : 520.00

TOTAL : 864.72

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :



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/INC20003041/Fvd3s2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 28-02-2020

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLZ 5541T	Veh. Inspected	SHC 2639J
Policy No.	5101280796-01	Coverage (\$)	0.00
Claim No.	MT/1085121-002	Excess (\$)	0.00
Assign From		Assign Date	21/02/2020

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	KMHC851CVKU107532	Colour	BLUE
Odometer	185086	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	DAVANTI	8 mm
L/H Front Tyre	195/65 R15	DAVANTI	8 mm
R/H Rear Tyre	195/65 R15	DAVANTI	8 mm
L/H Rear Tyre	195/65 R15	DAVANTI	8 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	20/02/2020	Inspection Date	21/02/2020
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 2639J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	<u>REPLACEMENT OF PARTS</u>	DEFORMED		
	IONIQV2&3 COVER - FR BUMPER		430.90	430.90
	LESS 20% DISCOUNT		-86.18	-86.18
			344.72	344.72
	<u>LABOUR</u>	NOT NECESSARY		
	PANEL BEATING.		400.00	320.00
	SPRAY PAINT CHARGE.		300.00	200.00
	CHECK ALL LIGHTING.		50.00	-
	750.00		520.00	
GRAND TOTAL			1,094.72	864.72
RECOMMENDED COST OF REPAIRS (CONFIRMED)				864.72

Report Ref No. NS/INC20003041/Fvd3s2

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

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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.