

ASS. REC. BY:

Ran

REF:

Independent CS/QW20003931/Fsd3⁵²

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: _____

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.

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: SHA 9173A Yr Regn: 1/11/2019Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai ianig c.c. 1530Colour: Yellow A/C: Insured / Std / NI / NASp. Reading: 23854 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 1KMHC851CUL6180575Gen. 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

Front

Rear

R/Bal. 7 mm R/Bal. A mmL/Bal. 7 mm L/Bal. 8 mmD.O.A. 1/03/2020 D.O.I. 5/3/2020Survey held at comfortdelgro (logos)Des. of Damages: Frnt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

SHA 9173A - CC3/A1608014535/KDn DOA: 11/5/2008

Bill to comfortdelgro

RECEIVED 16 MAR 2020

P/P: \$1237.12 = with 2 repair days

C \$464.72 Red 27%

confirmation 13/3/2020 with Lim Fook Eng

Date/Time, File Pass to?

16/03/20

1) Typist ☐ : Preli. Report☒ : Final Report

Date/Time, File Return to?

2) _____

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

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Insp (\$)☐ : Weekend (\$)Report Format: IndependentLump Sum: \$1,237.12 P/P

Date/Time: 02.03.2020 14:49

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305384698

OWNER

CITYCAB PTE LTD

IS

7010070

OWNER NO.

383 SIN MING DRIVE

RESS

Singapore SINGAPORE 575717

65551188

(R)

(O)

(P)

COUNT CARD NO.

ECICS

REGN NO.

SHA9173A

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

IONIQ(G3)

DATE/TIME IN

02.03.2020 10:20

YR OF MANU

14.11.2019

TARGET DATE

CHASSIS CODE

KMHC851CVLU180575

COMPLETION DATE/TIME:

JOB DESCRIPTION

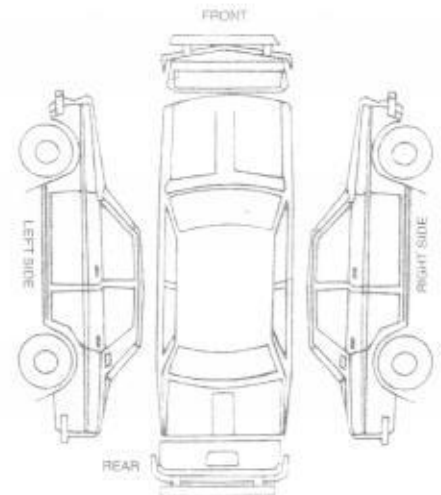
Accident Date: 01.03.2020

NATURE: 3P 01.03.2020

S/NO

LABOR CODE

DESCRIPTION



RECEIVED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Delivery Slip

Exit Pass

No.:

SHA9173A

LKE

Vehicle No.:

SHA9173A

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

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	02/03/2020 12:01
Date Of Accident	01/03/2020 10:15
Exact Location Of Accident	ALONG CTE TOWARDS CAIRNHILL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA9173A
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	1XXXXX839G
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-18088937MFSH
Cover Note Number	

Driver

Name of Driver	TAN MENG CHONG
NRIC No	SXXXX651I
Date Of Birth	26/03/1956
Occupation	OUTDOOR
Date Of Driving Pass	10/10/1979
Driving Experience	40 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90094618
Fax Number	
Contact Number	
Email Address	ALEXTANMC@GMAIL.COM

Address	682B #02-69 WOODLANDS DRIVE 62
Postcode	732682
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?	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)	3
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TAMPINES NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE POLICE REPORT.

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	SFZ223R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

NOT SURE

No. Of Passenger (Including Driver)

A = SHA 9173A

B = SFZ 223R
(BMW)

Dea



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached.

Police Report @ 7/20200301/2034

DECLARATION

We declare the foregoing particulars are true in every respect.

CITYCAB PTE LTD
CO. REG. NO. 199500000

Policyholder's Signature
Date & Time:

Dea

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

Olivia Wendy

Olivia Wendy

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 97 MA 7770



**SINGAPORE
POLICE FORCE**



T/20200301/2034

1 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20200301/2034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/03/2020 12:47	Vide Report No.:	Station Diary No.: 25
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Informant's Particulars

Name of Informant: TAN MENG CHONG			Address: APT BLK 682B WOODLANDS DRIVE 62 #02-69 SINGAPORE 732682		
ID Type / ID No.: NRIC NO / S11526511			Contact No.: Home/Office: Mobile: 90094618		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 26/03/1956	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 01/03/2020 10:15	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY Before Cairnhill Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFZ223R	Car	BMW	316I 1.6 AT D/AB 4DR ABS HID	Silver		0
SHA9173A	Car	HYUNDAI	AE IONIQ HEV FL 1.6 DCT	Yellow		0



**SINGAPORE
POLICE FORCE**



T/20200301/2034

2 of 3

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

Report No. T/20200301/2034

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN MENG CHONG	ID No.	S1152651I
Related Vehicle	SHA9173A (Car)	Contact No.	90094618
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

Brief Details.

On 1/3/2020 at about 1015hrs, I was driving along CTE towards Orchard. I was travelling in Lane 2.

Just before the exit onto Cairnhill Road, there was another vehicle that had abruptly cut into my lane. I had applied my brakes however there was still a slight impact. As such, I had alighted from my vehicle with the intent to exchange particulars, however, the other party had simply drove off.

I had managed to retrieve the license plate through my in car camera. There were scratches and dents on the front right portion of my taxi.



**SINGAPORE
POLICE FORCE**



T/20200301/2034

3 of 3

Report No. T/20200301/2034

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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:
G /
Sgt 3 BRYAN LIM GHIM SONG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SI KALESWARAN LAM
Contact No.: 65476902

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
01/03/2020 12:47

Classification Of Case:



SIGNATURE

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	839G
Vehicle Details	
Vehicle No.:	SHA9173A
Vehicle to be Exported:	No
Intended Deregistration Date:	05 Mar 2020
Vehicle Make:	HYUNDAI
Vehicle Model:	AE IONIQ HEV FL 1.6 DCT
Primary Colour:	Yellow
Manufacturing Year:	2019
Engine No.:	G4LEKU376441
Chassis No.:	KMHC851CVLU180575
Maximum Power Output:	103.6 kW (138 bhp)
Open Market Value:	\$25,680.00
Original Registration Date:	14 Nov 2019
First Registration Date:	14 Nov 2019
Transfer Count:	0
Actual ARF Paid:	\$12,952.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	13 Nov 2027
PARF Rebate Amount:	\$9,714.00
Intended COE Rebate Details	
COE Expiry Date:	13 Nov 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$25,933.00
COE Rebate Amount:	\$24,924.00
Total Rebate Amount:	\$34,638.00
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 05 Mar 2020

OK

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305384698
REGN NO : SHA9173A
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G3)
DATE OF REGN : 14.11.2019
DATE/TIME IN : 02.03.2020 10:20
ACCIDENT DATE : 01.03.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-0578-G	IONIQV4 COVER-FR BUMPER#	1 L	430.90	20.00	344.72	XOR
0002 03-01-0104-2061-G	IONIQV1&3 CAP ASSY-WHEEL	1 L	346.40	20.00	277.12	scr
					SUB-TOTAL :	621.84

JOB NATURE

0000 L	PANEL BEATING	550.00	\$486
0001 23-502	SPRAYPAINTING CHARGE (frt fender Rh)	450.00	\$400
0002 20-08	ADJUST FRONT WHEEL ALIGNMENT	80.00	43
		SUB-TOTAL :	1,080.00

TOTAL : 1,701.84g

MVA NAME & SIGNATURE

DATE :

AUTHORISED : YES / NO

SURVEYOR NAME & SIGNATURE

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)
1200
5/13/2020 1435
Resurveyed
22778
P/R aft repair photo
2 repair days

Our Job Ref No 305384698

Date 12.03.20

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK

Fax :

Attn : Mr RAM

Vehicle Reg No. SHA9173A CCPL

01.03.20

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

1. The repair job shall bill to: ECICS --- SFZ223R
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$277.12
 - (b) Labour Charges \$960.00
 - Total for Part-By-Part Repair Cost** \$1,237.12
 - (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 : LIM KWOK ENG

Tel : 62148316

Fax : 65468156

Signature : 

Name : CONFIRMER

Date : 13/3/2020

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		NO		
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: 02.03.2020

Time: 17:01:00

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305384698
REGN NO : SHA9173A
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G3)
DATE OF REGN : 14.11.2019
DATE/TIME IN : 02.03.2020 10:20
ACCIDENT DATE : 01.03.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-0578-G IONIQV4 COVER-FR BUMPER# 1 L 430.90 20.00 344.72 XCR)
0002 03-01-0104-2061-G IONIQV1&3 CAP ASSY-WHEEL 1 L 346.40 20.00 277.12 SCR ✓

SUB-TOTAL : 621.84

JOB NATURE

0000 L PANEL BEATING 550.00 \$480
0001 23-502 SPRAYPAINTING CHARGE (frt fender Rh) 450.00 \$400
0002 20-08 ADJUST FRONT WHEEL ALIGNMENT 80.00 \$80 ✓
SUB-TOTAL : 1,080.00

TOTAL : 1,701.84

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Ram (LH) 1200
5/4/3/2020 1435
Preserved & instructed
\$27718
P/P alt repair photo
(2 repair days)

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305384698
REGN NO : SHA9173A
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G3)
DATE OF REGN : 14.11.2019
DATE/TIME IN : 02.03.2020 10:20
ACCIDENT DATE : 01.03.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 03-01-0104-2137-G IONIQV4 CAP ASSY-WHEEL HU 1 L 346.40 20.00 277.12 ✓
SUB-TOTAL : 277.12 ✓

JOB NATURE

0000 L PANEL BEATING 480.00 ✓
0001 23-502 SPRAYPAINTING CHARGE (frt fender Rh) 400.00 ✓
0002 20-08 ADJUST FRONT WHEEL ALIGNMENT 80.00 ✓
SUB-TOTAL : 960.00

TOTAL : 1,237.12

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :



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

Affiliated to Federation Internationale Des Experts En Automobile

COMFORTDELGRO ENGINEERING PTE LTD

Ref : CS/QW20003931/Fsd3s2

59 LOYANG DRIVESINGAPORE 508969

Date : 16-03-2020



Code : QW007

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	Veh. Inspected	SHA 9173A
Policy No.	Coverage (\$)	0.00
Claim No.	Excess (\$)	0.00
Assign From	Assign Date	05/03/2020

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	KMHC851CVLU180575	Colour	YELLOW
Odometer	23854	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	MICHELIN	7 mm
L/H Front Tyre	195/65 R15	MICHELIN	7 mm
R/H Rear Tyre	195/65 R15	MICHELIN	8 mm
L/H Rear Tyre	195/65 R15	MICHELIN	8 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	01/03/2020	Inspection Date	05/03/2020
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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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

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 9173A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	IONIQV4 COVER - FR BUMPER	TO REPAIR SEE LABOUR	430.90	-
1	IONIQV 1&3 CAP ASSY - WHEEL	SCRATCHED	346.40	346.40
	LESS 20% DISCOUNT		-155.46	-69.28
			621.84	277.12
	LABOUR			
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF IONIQV4 COVER - FR BUMPER.		550.00	480.00
	SPRAY PAINTING CHARGE (FRT FENDER RH)		450.00	400.00
	ADJUST FRONT WHEEL ALIGNMENT.		80.00	80.00
			1,080.00	960.00
	GRAND TOTAL		1,701.84	1,237.12
	RECOMMENDED COST OF REPAIRS			1,237.12

Report Ref No. CS/QW20003931/Fsd3s2

PARASURAM S/O SHANMUGAM

Asst. Automotive Assessor

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

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.