

Ref: 083/FCI19006151/RCD31

Rasul

ASSIGNMENT (Office)

From Person: Joanne Yong

at: FCI

Date/Time: 11:52am @ 8/4/19

Estimated Cost:

Bill to:

OD (T) / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No:

FZ9051K

Insured:

8HC 8897R

at Workshop n/:

Equator Brotherhood

Tel:

9011 3391

of

25 kaki Bukit Rd 4 #03-79 synergy

Policy No:

Claim No:

D19001885MPST

Sum Insured:

Excess:

Make of Veh  
(Client's Record)

D.O.A 15/03/2019

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement

Date/Time: 12:49pm @ 8/4/19

Person Contacted:

willie

Vehicle (IN) OUT

Date/Time	Action/Instruction (x) Estimate
	FZ6051K - x
	8HC8897R - x

Surveyor *P. Rame*

REF:

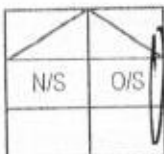
ASSIGNMENT

1667A  
COT XPR24: 2025/Nov

From: \_\_\_\_\_ Date: \_\_\_\_\_  
Estimated Cost: \_\_\_\_\_  
OD / TH / WS / TP RES / OD RES / EVA / INV / MV  
To Inspect Vehicle No: F2 9051K  
at Workshop m/s EQUATOR  
of 25, KKK, Bukit R-D 4 # 03-79  
Insured: FCI  
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: 8K  
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: F2 9051K Yr Regn: 2005 / Afc  
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
Truck / Trailer or  
Make: Honda XR 400 motor c.c. 397  
Colour: MMLT A/C: Insured / Std / NI / NA  
Sp. Reading: 57798 T/Radio: Insured / Std / NI / NA  
Eng/No: \_\_\_\_\_  
C/No: ND081000127  
Gen. Cond: Good / Fair / Poor / Burnt  
Steering: Order / Jammed / Leaked / Burnt or  
Brake: Order / Jammed / Leaked / Burnt or  
Modi: Nil / S/Rim / STD A/Rim or  
Tyre Size: F: 120/60ZR17  
R: 150/60R17  
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or  
Front Rear  
R/Bal. 4 mm R/Bal. 4 mm  
L/Bal. mm L/Bal. mm  
D.O.A. 15/03/19 D.O.I. 08/04/19 2-1/pc  
Survey held at EQUATOR  
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

ESTIMATE RANGE COST OF REPAIR - (2k - 3k) (3 days)

*10/4/2019*

Date/Time, File Pass to?

☐ : Preli. Report  
☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip: -

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

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

Report Format: PRS

Lump Sum / I.B.I. (\$) \_\_\_\_\_

**MOTOR SURVEY ASSIGNMENT**

<b>Date</b>	18-03-2019	<b>Our Ref No.</b> D19001888MFSH
<b>Accident Date</b>	15-03-2019	<b>Claim Type.</b> Third Party
<b>Insured Vehicle</b>	SHC8897R	<b>Third Party Vehicle.</b> FZ9051K
<b>Survey Location</b>	25 KAKI BUKIT ROAD 4 #03-79 SYNERGY @ KB	
<b>Contact Person.</b>	WILLE	
<b>Contact No.</b>	63846939/ 90113391	<b>Fax No.</b> 0
<b>Survey Type</b>	WITHOUT PREJUDICE:	
<b>Appointed Surveyor</b>	LKK AUTO CONSULTANTS PTE LTD	
<b>Contact Person</b>	NA	<b>Fax No.</b> 68416315
<b>Contact Number.</b>	NA	

**FOR DIRECT SETTLEMENT**

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

**THIRD PARTY SURVEY REQUEST**

<b>Cc : Workshop</b>	EQUATOR BROTHERHOOD	<b>Attention.</b> NIL
<b>Cc : TP Solicitor</b>	RIAZ LLC	<b>TP Solicitor Fax No.</b> NA
<b>Officer Incharge</b>	JOANNEY	

**IMPORTANT NOTE**

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.  
 This is a computer generated letter, no signature required.

Job Sheet (/ClaimWS/Surveyor/JobSheet/249548)



PRI Documents



Close



## PRI Header Details

<b>Claim No</b>	D19001888MFSH	<b>Policy No</b>	D-19092580MFSH	<b>Claimant S.No &amp; Name</b>	1 & RIAZ LLC
<b>Workshop Name</b>	EQUATOR BROTHERHOOD (Contact Person : WILLE)	<b>Survey Location &amp; Contact Details</b>	25 KAKI BUKIT ROAD 4 #03-79 SYNERGY @ KB <b>Mobile:</b> 90113391 , <b>Phone:</b> 63846939 , <b>Fax:</b> 0 <b>EmailId:</b> RIAZ@JUSTICE.COM.SG		
<b>Our Surveyor</b>	LKK AUTO CONSULTANTS PTE LTD	<b>Instructions To Surveyor</b>	WITHOUT PREJUDICE:		
<b>Insured Name</b>	COMFORT TRANSPORTATION PTE LTD	<b>Insured Vehicle No</b>	SHC8897R	<b>TP Vehicle No</b>	FZ9051K
<b>PRI Recieved Date</b>	04-04-2019 07:20:58 PM	<b>Surveyor Appointed Date</b>	08-04-2019 11:51:19 AM	<b>Surveyor Accept Date</b>	09-04-2019 0

## Survey Report Upload

<b>Surveyor Inspection Date *:</b>	<input type="text"/>	<b>Surveyor Report Date</b>	11-04-2019	<b>Upload Survey Report *:</b>	<input type="button" value="Choose File"/>
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## Vehicle Particulars

<b>Make</b>	<input type="text" value="Please Select Make"/>	<b>Model</b>	<input type="text" value="Please Select Model"/>	<b>Year</b>	<input type="text" value="Select Year"/>
<b>Chasis No</b>	<input type="text"/>	<b>Engine No</b>	<input type="text"/>	<b>Mileage</b>	<input type="text"/>
<b>Color</b>	<input type="text"/>	<b>Cubic Capacity</b>	<input type="text"/>		

## Multiple Documents Upload

<input type="button" value="Upload Multiple Documents"/>	
<b>File Name</b>	<b>Action</b>

## Surveyor Job Remarks

<b>Remarks</b>	<input type="text"/>	<input type="button" value="Save"/>
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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 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	04/04/2019 09:26
Date Of Accident	15/03/2019 01:25
Exact Location Of Accident	ALONG ROAD 1 BUANGKOK GREEN
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FZ9051K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TOH JERRY
NRIC No	S8621667A
Email Address	REDHUNTER13TH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91779017
Alternative Phone No	OFFICE-91910151

#### Vehicle Particulars

Manufacturer	HONDA
Model	XR400 MOTARD
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	MOTORCYCLE

#### Insurance Company

Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MC/00565924
Cover Note Number	

#### Driver

Name of Driver	TOH JERRY
NRIC No	S8621667A
Date Of Birth	13/08/1986
Occupation	INDOOR
Date Of Driving Pass	26/02/2009
Driving Experience	10 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91779017
Fax Number	
Contact Number	OFFICE-91910151
E-Mail Address	REDHUNTER13TH@GMAIL.COM

Address	BLK 960 HOUNGANG AVENUE 9 #11-564
Postcode	530960
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 ON COLLISION
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?	YES
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	10 UBI AVENUE 3
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO THE TRAFFIC ACCIDENT REPORT NO. T/20190320/2080 ATTACHED

#### 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	SHC8897R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	TOH JERRY
Approximate Age	32
Injuries Sustain	
Injured person in which vehicle?	FZ9051K
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 960 HOUGANG AVENUE 9 #11-564
Postcode	530960

## Sketch Plan

### 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

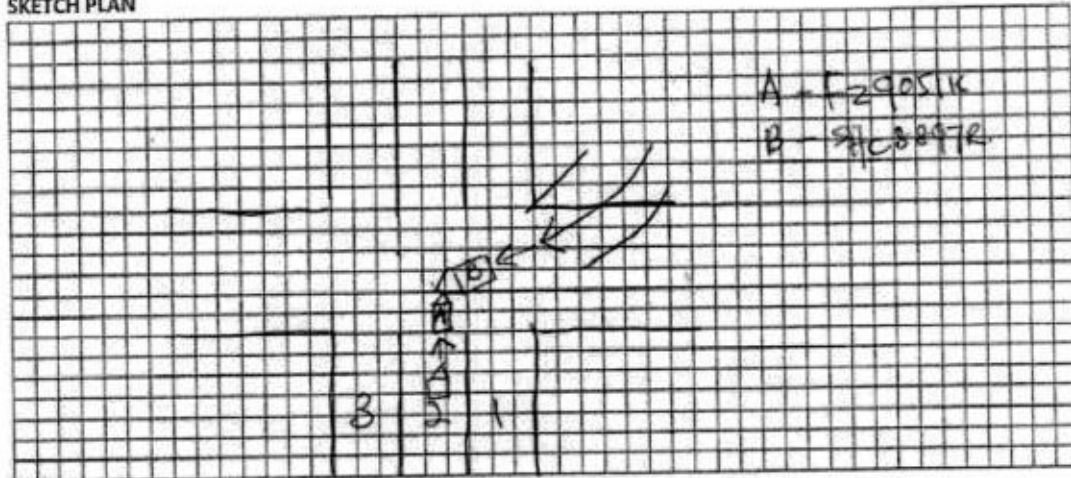
Date & Time: 3/04/14  
5.34pm

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

Reporting Centre Personnel's Signature  
Name: Tan Chai Wai  
NRIC/FIN No.: 77715235A

# Sketch Plan #2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/03/2019, at about 0125HRS, I was travelling on center 3 LANE Road road along Buangkok Green. While approaching the A cross Junction, as I have the right of way due to green traffic light, I proceeded to cross the cross-junction at a decreasing speed. However, a taxi, SHC8897R, decided to turn right even though I had the right of way. As such, the taxi driver collided into me, which caused me to fall. I was conveyed to SKGH by ambulance.

## DECLARATION

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

Policyholder's Signature

Date & Time: 3/04/19 5.33pm

GIARMC SketchPlanForm\_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: Tan Chuan Lok

NRIC/FIN No.: 617715755R

2



**SINGAPORE  
POLICE FORCE**



T/20190320/2080

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20190320/2080

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/03/2019 13:08		Vide Report No.: F/20190315/0027		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TOH JERRY			Address: APT BLK 960 HOUGANG AVENUE 9 #11-564 SINGAPORE 530960		
ID Type / ID No.: NRIC NO / S8621667A			Contact No.: Home/Office: Mobile: 91779017		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 32	Date of Birth: 13/08/1986	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: ENGINEER			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/03/2019 01:25	Type of Location:
Location: Along Road 1 BUANGKOK GREEN				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FZ9051K	Motorcycle	HONDA	XR400 MOTARD	Red		0
SHC8897R	Car					0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FZ9051K	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MC/00565924	01/12/2018	30/11/2019



**SINGAPORE  
POLICE FORCE**



T/20190320/2080

2 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20190320/2080

**CONTINUATION OF REPORT**

**Brief Details.**

ON THE ABOVE MENTION DATE TIME AND LOCATION,

ON 15/03/2019 AT ABOUT 0125HRS, I WAS TRAVELLING ON CENTER 3 LANE ROAD ALONG BUANGKOK GREEN . WHILE APPROACHING THE A CROSS JUNCTION . AS I HAVE THE RIGHT OF WAY DUE TO GREEN TRAFFIC LIGHT, I PROCEEDED TO CROSS THE CROSS-JUNCTION AT A DECREASING SPEED.HOWEVER, A TAXI ,SHC8897R, DECIDED TO TURN RIGHT EVEN THOUGH I HAD THE RIGHT OF WAY. AS SUCH, THE TAXI DRIVER COLLIDED INTO ME, WHICH CAUSED ME TO FALL. I WAS CONVEYED TO SKGH BY AMBULANCE.



**SINGAPORE  
POLICE FORCE**



T/20190320/2080

3 of 3

Report No. T/20190320/2080

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**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:  
TP /  
TAN KOK RAY

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD  
YUSOF  
Contact No.: 65476358

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
20/03/2019 13:08

Classification Of Case:



SINGAPORE  
POLICE FORCE

Signature: \_\_\_\_\_

> [Back to OneMotoring](#)

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	1667A
<b>Vehicle Details</b>	
Vehicle No.:	FZ9051K
Vehicle to be Exported:	No
Intended Deregistration Date:	11 Apr 2019
Vehicle Make:	HONDA
Vehicle Model:	XR400 MOTARD
Primary Colour:	Red
Manufacturing Year:	2005
Engine No.:	NC38E2000151
Chassis No.:	ND081000127
Maximum Power Output:	-
Open Market Value:	\$7,475.00
Original Registration Date:	01 Dec 2005
First Registration Date:	01 Dec 2005
Transfer Count:	4
Actual ARF Paid:	\$1,122.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	30 Nov 2025
COE Category:	D - Motorcycle
COE Period(Years):	10
PQP Paid:	\$6,248.00
COE Rebate Amount:	\$4,146.00
<b>Total Rebate Amount:</b>	<b>\$4,146.00</b>

The information contained herein is correct as at 11 Apr 2019

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**

MS FIRST CAPITAL INSURANCE LTD  
36 ROBINSON ROAD  
#16-01 CITY HOUSESINGAPORE 068877

Ref: CS3/FCI19006151/R1cd3s2

Date: 11-04-2019



Code: FCI2

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

Insured Veh.	SHC 8897R	Veh. Inspected	FZ 9051K
Policy No.	D-19092580MFSH	Coverage (\$)	0.00
Claim No.	D19001888MFSH	Excess (\$)	0.00
Assign From	JOANNE YONG	Assign Date	08/04/2019


**2. Vehicle Particulars & Condition**

Make & Model	HONDA XR400 MOTARD	c.c	397
Engine No.	HIDDEN	Year of Reg.	2005
Chassis No.	ND081000127	Colour	MULTI
Odometer	57798 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

**3. Conditions of Tyres**

	Size	Make	Balance
R/H Front Tyre	120/60ZR17	PIRELLI	4 mm
L/H Front Tyre			mm
R/H Rear Tyre	150/60R17	PIRELLI	4 mm
L/H Rear Tyre			mm

**4. Description of Damages**

THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY.	
--	---

**5. General Information**

Accident Date	15/03/2019	Inspect Date / Time	08/04/2019 ( 02:11 PM )
Survey held at	EQUATOR BROTHERHOOD 25 KAKI BUKIT ROAD 4 #03-79 SYNERGY @KB SINGAPORE 417800		

**5a. Remarks**

<p>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) MARKET VALUE: \$8,000.00</p>
--

Report Ref No. CS3/FCI19006151/R1cd3s2

Inspected By

MOHAMMED RASUL BIN MOHD YUNUS

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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