# TOMMY CHOO, MARK GO LLC

Advocates & Solicitors UEN NO : 201523418E

60168812

(a law corporation with limited liability)

151 CHIN SWEE ROAD #14-15/16 MANHATTAN HOUSE

3019802014---

SINGAPORE 169876 TEL: (65) 6532 2455

FAX: (65) 6538 9850 (Services of Court Documents By Fax Not Accepted)

EMAIL: Ihling@tcmg.com.sg

Our Ref:

LLH/rl/1536/1019/PHB

Your Ref:

YP 6494 M

0 3 001 2019

SRM Services Block 29 Tai Seng Avenue #03-07 Natural Cool Lifestyle Hub Singapore 534119

AXA Insurance Singapore Pte Ltd 8 Shenton Way #27-01 AXA Tower Singapore 068811

**Attn: Motor Claims Department** 

Dear Sirs,



### By Certificate of Posting

(For your attention; without enclosures)

**BY PDX NO. 8176** 



PDX Box No.

8141

# ACCIDENT INVOLVING SLL 3841 P AND YP 6494 M ON 7 SEPTEMBER 2019 ALONG BEDOK NORTH ROAD BESIDE BLOCK 109

We are instructed by **Wu Jingxun**, **Eric**, to claim damages against you or your insured, the owner/driver of motor vehicle no. YP 6494 M, in connection with a road traffic accident on 7<sup>th</sup> day of September, 2019, at about 16:10 hours along Bedok North Road beside Block 109, involving our client's motor vehicle no. SLL 3841 P and motor vehicle no. YP 6494 M driven by your insured at the material time.

We are instructed that the accident was caused by your insured's negligence and/or management of his motor vehicle. As a result of the accident, our client's motor vehicle was damaged and our client had been put to loss and expenses, particulars of which are as follows:

1	Costs of Repair	\$	5,300.00
2	Loss of Use (\$100 x 6 days)	\$	600.00
3	Loss of Use (Pre-repair) (\$100 x 2 days)	\$	200.00
4	Survey fees	\$	634.00
5	Disbursement (at this stage)	\$	100.00
6	Legal Cost (at this stage)	<u>\$</u>	700.00
		<u>\$</u>	7,534.00

### **TOMMY CHOO MARK GO LLC**

Page No. 2

A copy each of the following supporting documents is enclosed:

- 1. Copy of accident report, and LTA search;
- 2. Copy of Certificate of Insurance;
- 3. Copy of survey report and invoice and repair bill;
- 4. Colour photographs pertaining to our client's motor vehicle for your perusal.

We had on 10<sup>th</sup> September 2019 notified your insurer, M/s AXA Insurance Singapore Pte Ltd about the accident and the pre-repair inspection was conducted.

Kindly note that if you are insured and you wish to claim from your insurance policy, you should immediately pass this letter to your insurer.

Please note that you should send us an acknowledgment of receipt of this letter within fourteen (14) days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against your insured without further notice to you or your insured.

Please note that if you have a counterclaim against our client arising out of the accident, you are also required to send us a letter giving full particulars of the counterclaim together with the relevant documents within 8 weeks of your receipt of this letter.

Yours faithfully,

LING LEONG HUI (MR)

enc.

cc. clients

# A Singapore Government Agency Website

## Enquire Vehicle & Owner Information (Vehicle No. YP6494M As At 07 Sep 2019 / 16:10:00)

#### **Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: LLH.SLL3841P.PHB

**Current Owner Details** 

Owner ID Type: **Business** Owner ID: 53102325K Owner Name: **SRM SERVICES** Registered Address Type: HDB/HUDC

Registered Block/House No.:29

Registered Street Name: TAI SENG AVENUE

Registered Unit No.: #03-07

Registered Building Name: NATURAL COOL LIFESTYLE HUB

Registered Postal Code: 534119

**Current Vehicle Details** 

Vehicle No.: YP6494M

Make Description/Model: ISUZU / FRR90SUQA-C Insurance Company Name: AXA INSURANCE PTE LTD

1 of 1 10/9/2019, 10:42 am

pay Hop

MBHH: 9119256 / Ajax Mare Pto Ltd - Bukit Moreh ENTRY DATÉ & TIMÉ: 00/09/2019 13:50 SUBMITTED BY: Elizabeth Log

#### 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 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 Centro 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

#### ACCIDENT STATEMENT

Date Of Report 09/09/2019 13:58 Date Of Accident 07/09/2019 16:10

**Exact Location Of Accident** ALONG BEDOK NORTH ROAD BESIDE BLK 109

Country/State of Loss SINGAPORE

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SLL3841P

Insured/Policyholder

Name Of Registered Owner WU JINGXUN ERIC

NRIC No S8510795Z

Email Address COSLAYER@HOTMAIL.COM Mobile Phone No (LOCAL) +65-91996619 Alternative Phone No OFFICE-91996619

Vehicle Particulars

Manufacturer HONDA

Model HRV 1.5 LX CVT

Exact Purpose for which vehicle was being used at PRIVATE

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 PRIVATE CAR

Insurance Company

Vehicle Category

Name of Insurance Company

SOMPO INSURANCE SINGAPORE PTE, LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number D19MTPV01002439

Cover Note Number

Driver

Name of Driver WU JINGXUN ERIC

NRIC No. S8510795Z Date Of Birth 09/04/1985 Occupation INDOOR Date Of Driving Pass 22/09/2006

Driving Experience 12 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91996619

Fax Number

Contact Number OFFICE-91996619

**EMail Address** COSLAYER@HOTMAIL.COM

Page 1 of 23

10-09-19;10:22 ;

Address NA

Postcode

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 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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

2

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)

Passenger 1

NAME:

: KOH BEE LIAN

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

NŌ

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

#### Circumstances of Accident

My vehicle was stationary in the middle lane of BEDOK NORTH ROAD waiting for traffic to clear ahead of me suddenly third party vehicle collided onto my vehicle rear. No injuries involved.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Was there any audio recorded?

NO

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YP6494M

Vehicle Make/Model/Colour ISUZU / FRR90SUQA-C

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver K GORDON NRIC/Passport Number S9128488Z Contact Number 87693034

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

10-09-19;10:22 ;

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 Oriver.
- Information provided must be as trushful and accurate as possible. Any wilful inscrepresentation or withholding of material facts may allow insurance companies to repudinte policy liability.
- 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.
- By the fodgment 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.
- B. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My matter, 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 act 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 vehicles) involved in this accident (all insurer(s) who have insured vehicless involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyershaw thins, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purposets) of
  - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - his investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enguines by me;
  - (19) 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 vehiclo(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 used 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.
- (c) 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.

Pancyholder's Signature

Driver's Signature (If thispet is not the policyholder) Date & Timo

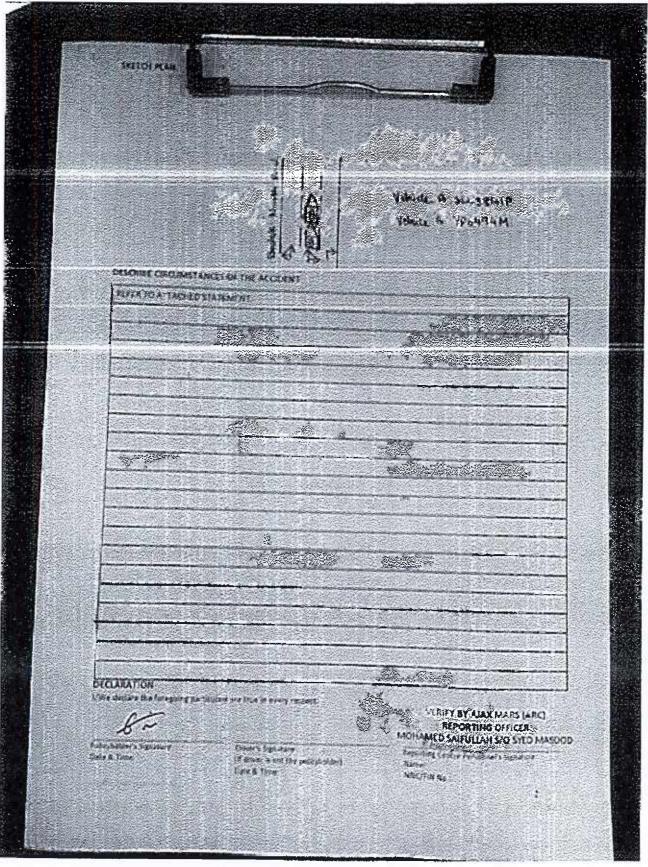
8 Sep 2019

Date & Time

MOHAMED SAIFULLAH S/O SYLD MASOOD
REporting Centre Personnel's Signature
Name.
NKICHIN No.

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER

Sketch Plan #2



## Sketch Plan #3 Pg. 1

ACCIDENT STATEMENT (2	2000 characters)
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My vehicle was stationary in the middle lane of BEDOK NORTH ROAD waiting for traffic to clear ahead of me suddenly third party vehicle collided onto my vehicle rear. No injuries involved.							
Taxi Voucher No.:							
DECLARATION							
I/We declare that the above particulars & information provide	ed above are true in every aspect						
VERIFIED BY AJAX MARS REPORTING OFFICER - MOHAMED SAIFULLAH S/O SYED MASCOD	, _						
MARS Officer	Registered Owner or Driver's Signature						
Job Complete Date/Time	Date/Time:						
8 September 2019 at 3:56 PM	8 September 2019 at 3:56 PM						

# Sompo Insurance Singapore Pte. Ltd.

50 Raifles Place, #05-01/06 Singapore Land Tower, Singapore 048823 Tel: 6461 6555 : Fax: 6221 3302 ! Website www.sompo.com.sg Co. Reg. No.: 198905490E ! GST Reg. No.: M200903196

#### Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES,1959 (MALAYSIA)

Cert No./Policy No.

D19MTPV01002439

Insured

: WU JINGXUN ERIC

Motor Car (Registration No.) : SLL3841P

Comprehensive - ExcelDrive GOLD

Policy Commencement Date : 23 FEBRUARY 2019 00:00

Policy Expiry Date

: 22 FEBRUARY 2020 23:59

Maximum Liability (Section I): Market value at time of loss

: \$500 - Section I

(Waived up to S\$1,000 if accident repair is done at ExcelDrive Workshops for the first claim

per policy year)

Voluntary Excess\* Windscreen Excess\*

: S\$100.00 - Waived if Repair at ExcelDrive Workshop

: Per Policy Schedule

Persons or Classes of Persons entitled to drive\*

- The Insured.
- 2. Any other person who is driving on the Insured's order or with his permission.
- 3. In the event of the death of the insured,
  - a. any member of the insured's family, or a paid driver who has been driving the Motor Car during the life of the insured and permission to drive had not been withdrawn prior to the death of the insured; and
  - b. any other person who has been given permission to drive the Motor Car prior to the death and such permission had not been withdrawn by the Insured.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Car or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Car. And provided further that the Motor Car is registered under the Road Traffic Act (Chapter 276) and its registration under the Road Traffic Act (Chapter 276) has not been cancelled at the time of the accident, loss or damage.

#### Limitations As To Use

Use only for social, domestic and pleasure purpose and for the Insured's business. The Policy does not cover use for hire or reward, racing, pace-making, speed testing, reliability trial, the carriage of goods other than samples in connection with any trade or business or use for any purposes in connection with the Motor Trade.

#### ExcelDrive Workshops and Accident Reporting

It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Car within 24 hours of the accident or by the next working day thereof.

All accident repairs to the Motor Car must be carried out at ExcelDrive Workshops, otherwise the claim is not payable under the Policy. For ExcelDrive Prestige Plan, accident repairs to the Motor Car can be carried out at any workshop other than ExcelDrive Workshops.

For the list of Accident Reporting Centres and ExcelDrive Workshops, please visit our website at www.sompo.com.sg or call our Emergency Hotline: (65) 6226 3323.

I/We HEREBY CERTIFY that the policy to which this Certificate relates is issued in accordance with (1) the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia); and (2) the Policy terms, conditions and exceptions of the Private Car Policy ref MTP.27

Sompo Insurance Singapore Pte. Ltd.

**Authorised Signatory** 

Date/Time of Issue 28 JANUARY 2019 12:19

#### IMPORTANT NOTICE

Keep the Certificate in your Motor Car.

Keep the Certificate in your Motor Car;
Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189), it shall be unlawful for any person to use or cause to permit any other person to use a motor vehicle without a valid policy of insurance under the Act;
On the sale of the Motor Car or if for any reason the Insurance is terminated during its currency, the Insured must surrender the Certificate of Insurance and the Policy to the Insurance company. If the Certificate of Insurance has been lost or destroyed, a statutory declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189);
This Policy will cease to be valid once the Motor Car has been sold to another person. The Policy is not transferable to the new owner of the Motor Car.

Intermediary Code & Name: 11L18600 & LEGACY FA PTE. LTD. CI Code: 22A RCD5ZT4\_N\_YLMJAJ

<sup>\*</sup> Subject to GST wherever applicable

# Paul Hoe Batteries & Motor Services

1 Kaki Bukit Ave 6 #01-109 Autobay Singapore 417883 TEL: 6741 9686 FAX: 6747 6918

INVOICE NO. PHB/TCMG/24/19

Date: 24th September 2019

Wu Jingxun Eric c/o 1 Kaki Bukit Ave 6 #01-109 Singapore 417883

# COST OF REPAIRS FOR VEHICLE NO. SLL 3841 P

Lump sum cost of Repairs

: S\$5,300.00

Singapore Dollars

: Five Thousand Three Hundred Only.

M/s Paul Hoe Batteries & Motor Services

# PRO-OPTION SERVICES

Mailing address: Blk 189B Rivervale Drive, #04-1004, Singapore 542189 Tel: 6315 1239, Fax: 6315 3298, Mobile: 9061 0543

Wu Jingxun Eric	
c/o 1 Kaki Bukit Ave 6	
#01-109	
Singapore 417883	
-	

Invoice no:	POS0388/19		
Date:	24 September 2019		
Report no:	388M0919.PH		
Vehicle :	SLL3841P		

# **INVOICE**

No	Item Description	Qty	Unit Price	Total Amount(\$)
01	Being charges for the inspection of the accident vehicle, transport and photographs.			634.00
			1	
		,		
		ļ		
SGD(\$):	Six hundred and thirty-four only	Payal	ole Amount:	634.00

<sup>&</sup>quot;Cheque should be crossed and made payable to "Pro-Option Services"

PRO-OPTION SERVICES

Authorised Signature

# PRO-OPTION SERVICES

Mailing address: Blk 189B Rivervale Drive, #04-1004, Singapore 542189

Fax: 6315 3298, Mobile: 9061 0543

## **ACCIDENT VEHICLE INSPECTION REPORT**

Report no

: 388M0919.PH

Vehicle no

: SLL3841P

1 REFERENCE

Date of inspection

: 11 september 2019

Requested by

: Wu Jingxun Eric

c/o 1 Kaki Bukit Ave 6

#01-109

Singapore 417883

Type of survey

: Independent

Repairer

: Paul Hoe Batteries & Motor Services

Blk 1 Kaki Bukit Ave 6, #01-109 AutoBay @ Kaki Bukit, Singapore 417883

Date of accident

: 7 September 2019

2 VEHICLE DATA

Make/model

: HONDA HRV 1.5 LX CVT

Chassis no

: JHMRU1830GX201653

Engine no

: L15B4531653

Date of registration

: 23 Feb 2017

Engine capacity

: 1496 cc

Odometer reading

: 58303 km

Colour

: Silver

# 3 STATIC CONDITION CHECK

Steering

: Serviceable

Foot brakes

: Serviceable

Hand brakes

: Serviceable

Paintwork

: Good

General Condition

: Good

### 4 TIRE CONDITION CHECK

RH/MAKE

LH/MAKE

SIZE

22 Feb 2027

Front tread Rear tread

: 6 mm/Yokohama: 6 mm/Yokohama

6 mm/Yokohama 6 mm/Yokohama

COE Expiry Date:

215/60R18 215/60R18

## 5 BRIEF DESCRIPTION OF DAMAGE

Rear boot cover dented/bent/distorted, rear bumper cover, dented/cut/deformed, rear end panel bent/distorted, exhaust pipe bent, etc. Please see para. 8 of this report for more details.

#### 6 **REMARKS**

This inspection is carried out on a "WITHOUT PREJUDICE" basis and I have not authorized any repairs.

#### 7 RECOMMENDATION

Cost of repairs

\$5,300.00 (lump sum)

Estimated no of days

Six (6)

# , 8 ASSESSMENT OF DAMAGE AND COSTS

Report no:

388M0919.PH

Vehicle no:

SLL3841P

	CDADE DADTO					
A	SPARE PARTS		<u>Assessed</u>		Repairer's	<u>Revised</u>
	<u>Description</u>	<u>Qty</u>			<u>Amount</u>	<u>Amount</u>
	Rear boot cover		dented/bent/distorted		1,100.90	1,100.90
	Rear boot cover lock assy	1	bent/distorted		180.00	180.00
	Rear boot cover "HR-V" emblem	1	necessary		56.20	56.20
	Rear boot lid "IVTEC" emblem	1	necessary		32.60	32.60
	Rear boot weatherstrip	1	twisted/bent/deformed		96.30	96.30
	Rear boot cover gas struct stay L/R	2	bent/stiffened		360.00	360.00
	Rear boot cover outer garnish	1	cut		220.00	220.00
	Rear boot cover outer garnish logo	1	necessary		25.00	25.00
	Rear windscreen inner seal/moulding	1	necessary		140.00	140.00
	Rear bumper cover	1	cut/dented/deformed		850.00	850.00
	Rear bumper side cover L/R	2	to reuse		390.00	0.00
	Rear bumper side plastic retiainer L/R	2	bent/deformed		56.00	56.00
	Rear underside splash cover	1	bent/deformed		190.00	190.00
	Rear end panel	1	bent/distorted		415.60	415.60
	Rear end panel garnish	1	bent/deformed		98.00	98.00
	Rear end panel garnish plastic clip	4	necessary		16.00	16.00
	Parking camera	1	shorted		256.10	256.10
	Exhaust silencer	1	bent		680.00	680.00
			Subtotal of the above		5,162.70	4,772.70
			Discount	20% / 20%	•	954.54
	(Special nett)		Subtotal 1:		4,130.16	3,818.16
	Rear windscreen gum	1	necessary		80.00	80.00
	Reverse sensor set	1	grazede/shorted		280.00	280.00
	Rear bumper plastic retaining clip set	1	necessary		39.00	39.00
	Rear boot cover outer garnish clip	8	necessary		32.00	32.00
	G	_	Subtotal 2:		431.00	431.00
			2.		431.00	431.00
			Total cost of parts:		4,561.16	4,249.16
В	LABOUR		, , , , , , , , , , , , , , , , , , ,		1,301.10	7,245.10
	To check wiring.				40.00	30.00
					10.00	30.00
	To install reverse sensors and check sensi	ng fu	inctions.		90.00	60.00
	Tanetan Tara Sanasia and Check Schang Functions.				30.00	00.00
	To apply anti-rust undercoat.				150.00	120.00
					200.00	120.00
	To remove and refit rear windscreen glass	s.			140.00	120.00
	G				1.0.00	120.00
	Labour charges to remove and replace, t	o cu	t and weld, to panel beating		1,500.00	1,200.00
	affected and damaged parts.				_,	_,
	Spray painting charges to paint the rear bumper cover, rear end panel,			1,000.00	750.00	
	rear boot cover and necessary areas.					
	To remove and renew exhaust silencer.				00.50	
	To remove and renew exhaust sliencer.				90.00	60.00
	Total cost of labour:			2.010.00	2 2 4 2 2 2	
			TOTAL COST OF IADOUT:		3,010.00	2,340.00
			Total cost of repair:	ſ	7,571.16	6 500 16
			Total Cost of Tepall.	Į	7,3/1.10	6,589.16

Report no:

388M0919.PH

Vehicle no:

SLL3841P

#### 9 CONCLUSION

The revised or adjusted cost of repairs to restore the vehicle is

\$6,589.16

(a) However, the recommended cost of repair based on lump sum basis would be

\$5,300.00

(b) The estimated number of days needed to complete the repairs would be

Six (6)

(1st re-inspection conducted on 11 September 2019)

(Post Rengir Inspection conducted on 16 September 201)

(Post Repair Inspection conducted on 16 September 2019)

The above recommendations in my view are fair and reasonable for the restoration of the vehicle to its preaccident condition.

#### Note: Lump Sum Repair Basis

This means the repairer is allowed to replace the damaged parts with used, reconditioned or new parts, or repair it to a roadworthy condition.

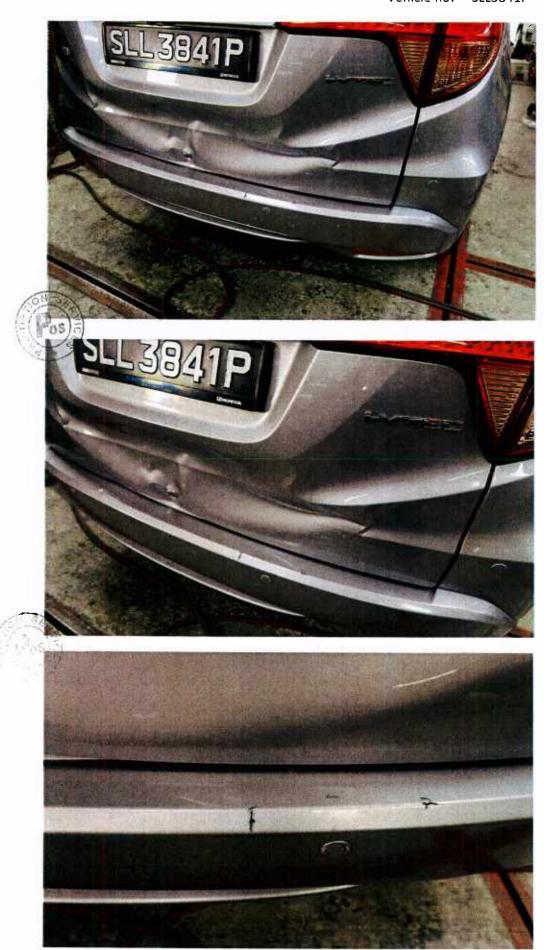
Yours faithfully

Liaw Leong San

Licensed Automotive Appraiser

Dated: 24 September 2019







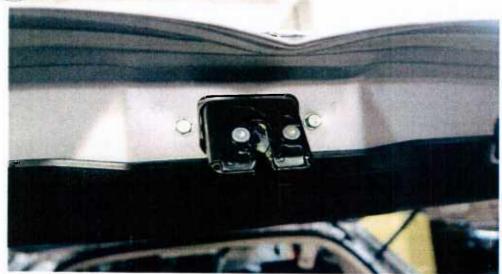


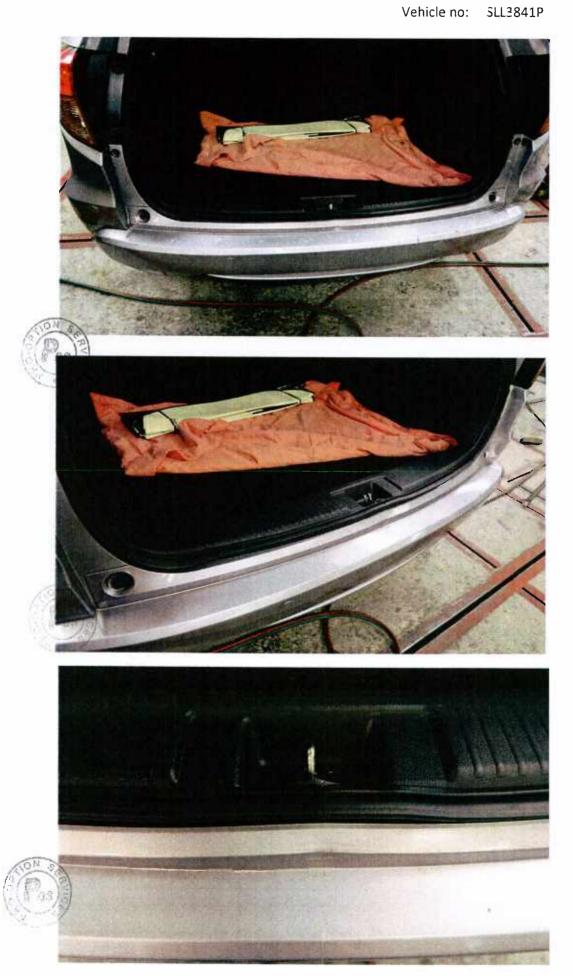






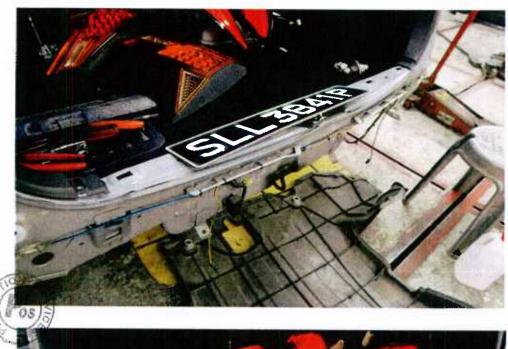


















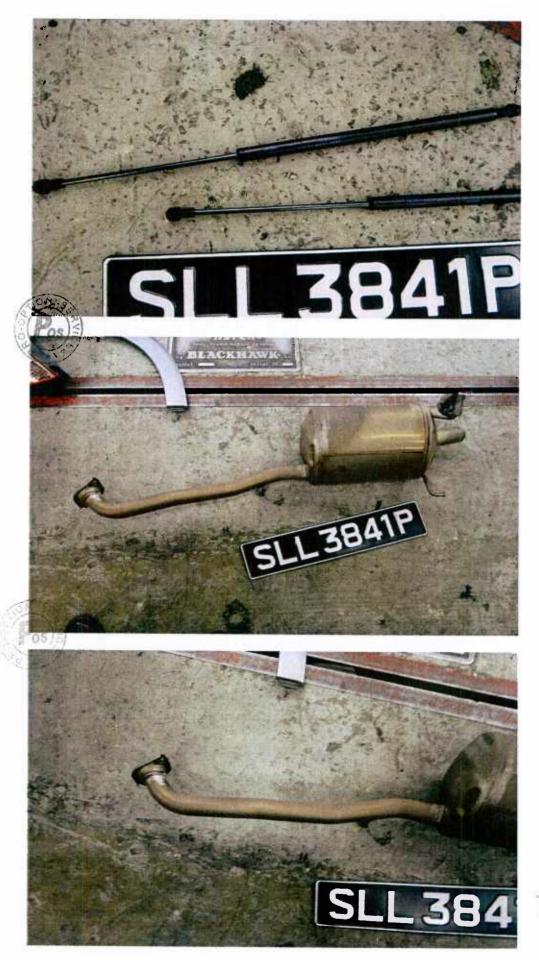


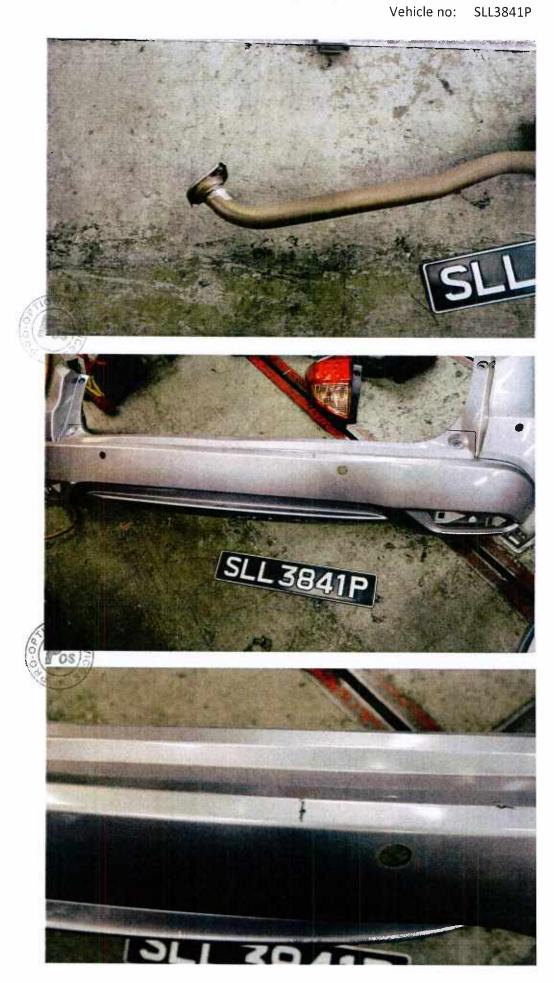






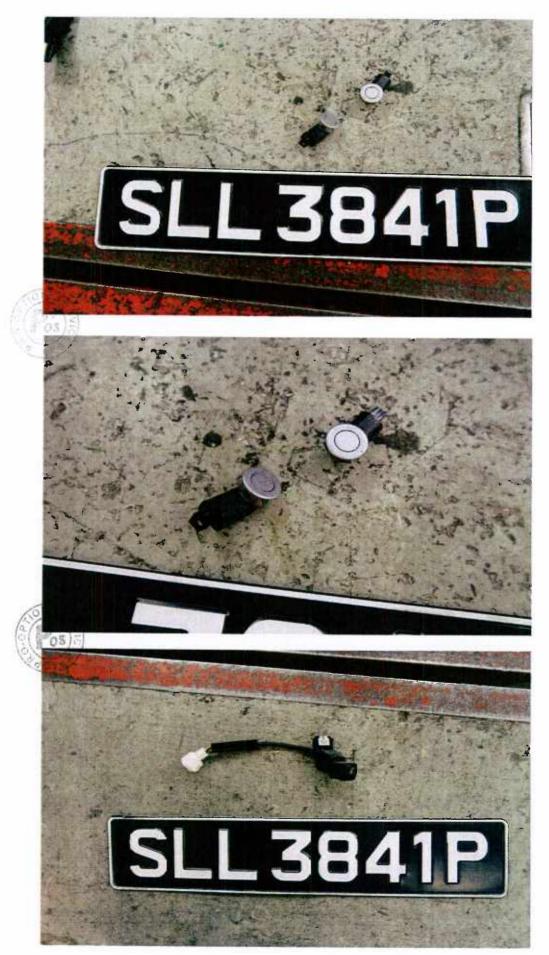










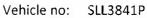






Report no:

388M0919.PH











# POST-REPAIR

Report no: 388M0919.PH

