

Survey Department Check List (Case Handler)

Reference No. :

NG/INC17019000/R19b

SG1742Z

Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

Admin (Cath): Case handler to make sure all information created by the assignment team are ACCURATE.

(1) Office Assign Form

- C Reference No.
- C Customer Code
- N Assign From
- C Assign Date
- C Veh No (Inspected)
- C Veh No (Insured)
- C D.O.A
- C Policy No
- C Claim No
- C Insurance Authorisation (CA /REV/REP)
- C Report Type
- C Weekend Charges
- N Survey held at/Repairer
- C Excess

Y-Date	N-Date	Y-Date	N-Date
✓			
✓			
✓			
✓			
✓			
✓			
✓			

Surveyor (Pam): Case handler to make sure the surveyor completed all required information.

(1) Assignment Form

- C Vehicle No
- C Regn Month/Year
- N Vehicle Type
- N Make & Model
- C Engine Capacity. (C.C)
- N Colour
- C Odometer. (Sp.Reading)
- C Chassis No
- N General Condition
- N Steering
- N Brake
- N Modification (Modi)
- C Tyre Size
- N Tyre Make
- C Tyre Balance
- C Date of Inspection
- N Survey held
- N Des.of Damages

✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			

(2) System - (Views/Merimen)

- C Damaged Vehicle Photographs Uploaded

✓		
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(3) Workshop Estimate/Assignment Form

- N ALL Parts condition
- C Market Value for OD cases
- C Estimate Repair Cost for PRI (RSI, TMI, MSIG)
- C Days of repair
- C Finalised Amount
- C Re-inspection Cases to Finalize within 5 Days

✓		
✓		

(4) System - (Views/Merimen)

- C Resurvey photo Uploaded

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Check By:

Cath 31/1/18

Case Handler

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/INC17019080/R1qb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 05-10-2017

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJE 8286U	Veh. Inspected	SG 1742Z
Policy No.	5084988951	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	03/10/2017

2. Vehicle Particulars & Condition

Make & Model	c.c	0
Engine No.	HIDDEN	Year of Reg.
Chassis No.		Colour
Odometer	-	Steering
Brakes		Modification
General		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

4. Description of Damages

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5. General Information

Accident Date	26/09/2017	Inspection Date	03/10/2017
Survey held at	SMRT AUTOMOTIVE SERVICES PTE LTD 60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705		

5a. Remarks

A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

TP Claims against NTUC Income: Follow-Through Survey

Date : 31/01/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/0963296-002	SMRT BUSES LTD	SG 1742Z	SJE 8286U	26/09/2017	15:50	\$ 8,883.10	\$ 3,867.47
2	MT/0973165-002	COMFORTDELGRO	SH 7864K	SJE 8475R	08/12/2017	2:00	\$ 15,563.86	\$ 10,655.73

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5084988951	SGCARZ LLP	T16LL1847F	GFT	Third Party	SJE8286U	SJE8286U	04/05/2017	

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 ability.
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 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	27/09/2017 10:31
Date Of Accident	26/09/2017 15:50
Exact Location Of Accident	WOODLANDS AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SG1742Z
Insured/Policyholder	
Name Of Registered Owner	SMRT BUSES LTD
Co Reg No	198202292D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64823888

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	BUS
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	BUS

Insurance Company

Name of Insurance Company	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-17087563MFBP
Cover Note Number	

Driver

Name of Driver	CHIEN SOO POH
NRIC No	S2671286F
Date Of Birth	28/03/1966
Occupation	OUTDOOR
Date Of Driving Pass	06/02/1998
Driving Experience	19 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address

Postcode

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 AFTER RAINING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO
Was any body injured in the Accident? 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) 55

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

Bus was stationary at the signalized junction of W'lands Ave 2 waiting for the traffic light to turn green. When the light turned green, bus moved when suddenly a vehicle SJE8286U on the right lane abruptly cut into my path as a result bus hit onto the rear of the said vehicle. After the accident, I immediately check any paxs injured at the time no paxs complain that they were injured. I received a call from my supervisor at night, he told me that there were paxs injured inside my bus from the earlier accident.

Attachment(s)

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJE8286U
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver TOH KIAN HUAT
NRIC/Passport Number
Contact Number 90067079
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

DETAILS OF INJURED PERSON 1

Name	UNKNOWN
Approximate Age	
Injuries Sustain	UNKNOWN
Injured person in which vehicle?	SG1742Z
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN

BUS/09/17/7641

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.

SART Buses Ltd
6 Ang Mo Kio Street 6,
Singapore 569140
Tel: 6482 3888 Fax: 6482 3882
www.sart.com.sg

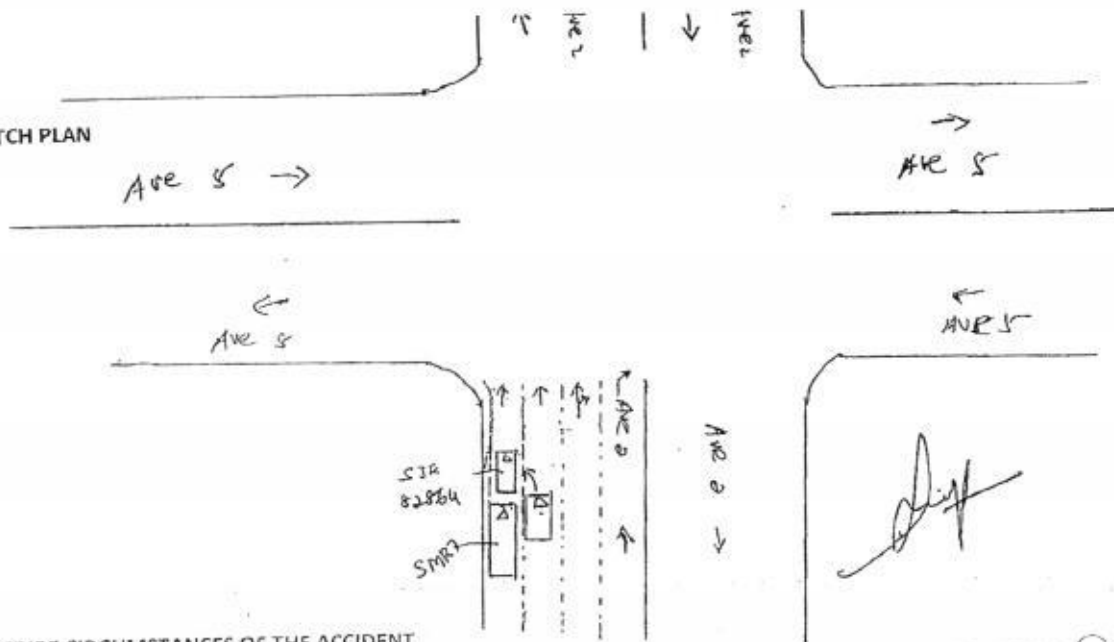
Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls refer to SIA report.

DECLARATION

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

SMRT Buses Ltd

6 Ang Mo Kio Street 6.

Singapore 569140

Tel: 6482 3888 Fax: 6482 3841

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.:

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	2292D
Vehicle Details	
Vehicle No.:	SG1742Z
Vehicle to be Exported:	No
Intended De-registration Date:	31 Jan 2018
Vehicle Make:	MAN
Vehicle Model:	NL 320F (A22) 11L AUTO ABS TURBO
Primary Colour:	Multi-Colour
Manufacturing Year:	2015
Engine No.:	50340631814066
Chassis No.:	WMAA22ZZ2F7002864
Maximum Power Output:	-
Open Market Value:	\$240,385.00
Original Registration Date:	01 Mar 2016
First Registration Date:	01 Mar 2016
Transfer Count:	0
Actual ARF Paid:	\$0.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Rebate Amount:	\$0.00
Total Rebate Amount:	\$0.00

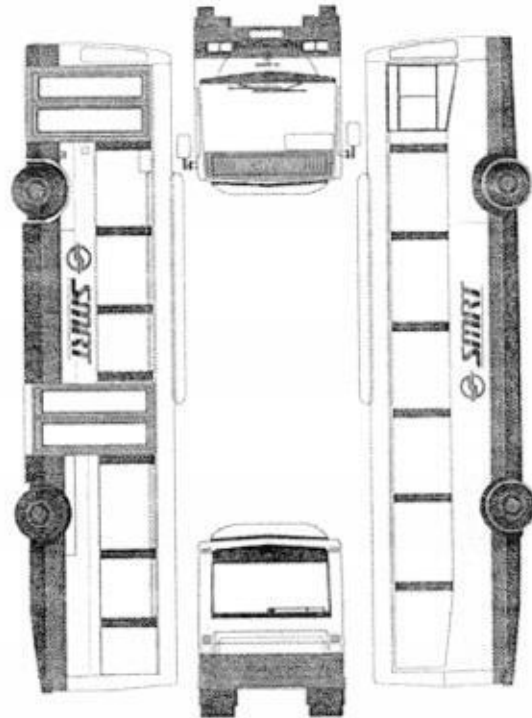
The information contained herein is correct as at 31 Jan 2018

OK

SMRT Accident Vehicle Repair Estimates

Section A - To be completed by claims Advisor/Duty officer at Accident Reporting Centre

Reg. No : SG1742Z
Ref. No : BUS/09/17/7041
Reg. Date : 29/09/2017
Vehicle Type : BUS -12M
Make : MAN
Model : MAN
Name of Driver : Chien Soo Poh
Type of Accident : HEAD TO REAR
Date / Time of Accident : 26/09/2017 03:50:00 PM
Accident Reported Date / Time : 27/09/2017 12:00:00 AM
Surveyor is Required? : Yes
Survey by : IDAC
Vehicle is Towed Back? : No
Towed Back Date/Time :
Replacement Vehicle issued? : No
Accident Repair Job Card No :
Special Instruction to ARC,if any :
SG1742Z - FRONT PORTION
SJE8286U (TP) - INSURED WITH NTUC
Prepared Date : 29/09/2017 05:29:16 PM



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:

Section D - Details of Repair Estimates

Part 1 - Labour Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REMOVE & INSTALL ALL ABOVE ITEMS AND REPAIR OTHERS DAMAGED AFFECTED AREAS.	1,060.00	795.00
Total Labour	1,060.00	795.00

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS	528.00	446.00
Total Spray Painting & Panel Beating	528.00	446.00

Part 3 - Other Costs - Accident and Accident Repair Related Expenses

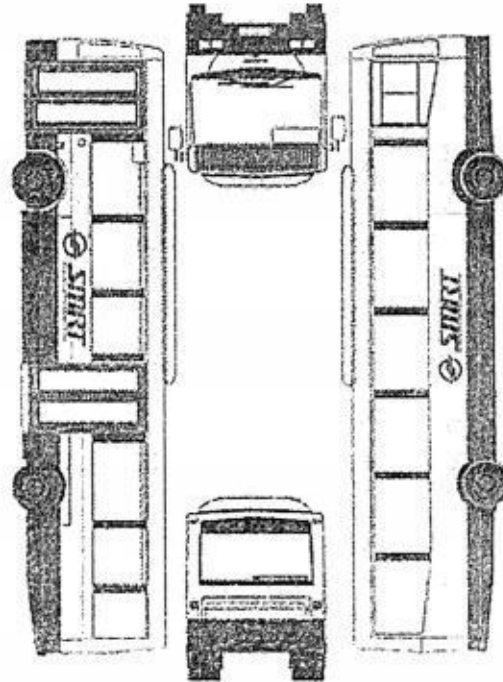
Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Other Costs		

Selling
Chen

SMRT Accident Vehicle Repair Estimates

Section A - To be completed by claims Advisor/Duty officer at Accident Reporting Centre

Reg. No : SG1742Z
Ref. No : BUS/09/17/7041
Reg. Date : 01/03/2016
Vehicle Type : BUS -12M
Make : MAN
Model : MAN
Name of Driver : Chien Soo Poh
Type of Accident : HEAD TO REAR
Date / Time of Accident : 26/09/2017 03:50:00 PM
Accident Reported Date / Time : 27/09/2017 12:00:00 AM
Surveyor is Required? : Yes
Survey by : IDAC
Vehicle is Towed Back? : No
Towed Back Date/Time :
Replacement Vehicle issued? : No
Accident Repair Job Card No : 000024092377
Special Instruction to ARC,if any :
SG1742Z - FRONT PORTION
SJE8286U (TP) - INSURED WITH NTUC
Prepared Date : 29/09/2017 05:29:16 PM



Section B - To be Completed by Service Advisor, Accident Repair Centre

Chassis No : WMAA22ZZ2F7002864

Mileage :

0


Work Shop : Internal

Repair Completed Date / Time :

01/01/2000

Summary of Repair Estimates

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Charges :	1,060.00	795.00
Total Spray Painting Charges :	528.00	446.00
Total Material Charges :	4,883.67	2,626.47
Other Charges :	0.00	0.00
TOTAL :	6,471.67	3,867.47
Lum Sum Total :	0.00	0.00
No. of Repair Days :	4.00	3.00
Prepared / Adjusted By :	Goh Kok Khoo	Rasul - LKK
Arc / Surveyor Sign Off Date :	01/10/2017 03:00:10 PM	03/10/2017 04:25:52 PM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 01/10/2017 09:56:02 AM

Section C - To be Completed by Admin Assistant, Accident Repair Centre, Upon Completion of Repair

Quotation No :

Invoice No :

Quotation Date :

Invoice Date :

Invoice Amount :

Prepared Date :

Section D - Details of Repair Estimates**Part 1 - Labour Works**

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REMOVE & INSTALL ALL ABOVE ITEMS AND REPAIR OTHERS DAMAGED AFFECTED AREAS.	1,060.00	795.00
Total Labour	1,060.00	795.00

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS	528.00	446.00
Total Spray Painting & Panel Beating	528.00	446.00

Part 3 - Other Costs - Accident and Accident Repair Related Expenses

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Other Costs		

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock No	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Recommendation	Surveyor Approved	Photos Attached
F01001-CW263		6010154	FRONT FLAP	1	1,868.80	10.00	1,681.92	Replace	Replace <i>CRA</i>	No
F01001-CE265		6010151	FRONT BUMPER CENTER	1	1,868.80	100.00	0.00	Repair	Repair <i>R</i>	No
F01001-CW266		6010152	FRONT HEADLAMP PANEL RH	1	974.70	10.00	877.23	Replace	Replace <i>CRA</i>	No
81.25101-6540		6010305	FRONT HEADLAMP RH	1	1,603.60	10.00	1,443.24	Replace	Check <i>Xsuc</i>	No
81.25320-6112		6010307	FRONT AUX HEADLAMP FLASHER RH	1	904.40	10.00	813.96	Replace	Check <i>Xsuc</i>	No
		6009375	RETAINER (MALE & FEMALE)	1	74.80	10.00	67.32	Replace	Replace <i>new</i>	No
TOTAL MATERIALS							4,883.67	2,626.47		
TOTAL MATERIALS(Discounted)							4,883.67	2,626.47		

Added Spare Parts / Material Usage After Surveyor Signed off

Part Number	Portion	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Check	Surveyor Check	LT Check
TOTAL SUPPLEMENTARY MATERIALS									

2626.47
1241.00
3867.47

5883.10




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/INC17019080/R1qbs2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 09-02-2018	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SJE 8286U	Veh. Inspected	SG 1742Z	
Policy No.	5084988951	Coverage (\$)	0.00	
Claim No.	MT/096326-002	Excess (\$)	0.00	
Assign From		Assign Date	03/10/2017	
2. Vehicle Particulars & Condition				
Make & Model	MAN NL 320F (A22)	c.c	10518	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	WMAA22ZZ2F7002864	Colour	MULTI	
Odometer	104615	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	275/70 R22.5	FIRENZA	8 mm	
L/H Front Tyre	275/70 R22.5	FIRENZA	8 mm	
R/H Rear Tyre	275/70 R22.5 (D)	FIRENZA	8/8 mm	
L/H Rear Tyre	275/70 R22.5 (D)	FIRENZA	8/8 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	26/09/2017	Inspection Date	03/10/2017	
Survey held at	SMRT AUTOMOTIVE SERVICES PTE LTD 60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705			
5a. Remarks				
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 Working Days		



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. SG 1742Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT FLAP	CRACKED	1,868.80	1,868.80
1	FRONT BUMPER CENTER	TO REPAIR SEE LABOUR	1,868.80	-
1	FRONT HEADLAMP PANEL RH	CRACKED	974.70	974.70
1	FRONT HEADLAMP RH	SERVICEABLE	1,603.60	-
1	FRONT AUX HEADLAMP FLASHER	SERVICEABLE	904.40	-
1	RETAINER (MALE & FEMALE)	NECESSARY	74.80	74.80
	LESS 10% DISCOUNT		-	-291.83
			7,295.10	2,626.47
	LABOUR			
	TO REMOVE & INSTALL ALL ABOVE ITEMS AND REPAIR OTHERS DAMAGED AFFECTED AREAS. INCLUSIVE OF THE REPAIR OF FRONT BUMPER CENTER.		1,060.00	795.00
	PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS.		528.00	446.00
			1,588.00	1,241.00
	GRAND TOTAL		8,883.10	3,867.47
	RECOMMENDED COST OF REPAIRS (CONFIRMED)			3,867.47

Report Ref No. NS/INC17019080/R1qbs2

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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