

22/05/2007

ASS: REP BY:

REF: CS/FCI17020678 Rlg62 Special Instructions:

Surveyor:

Rasul

ASSIGNMENT (Office)

CWS

From (Person):

Lurene Jaw

of

FCI

Date/Time: 2:13pm @ 30/10/17

Estimated Cost:

Bill to:

OD ☒ TP WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No:

SMB 3065D

Insured:

SHB 48294

at Workshop m/s:

Tower Transit

Tel:

9848 2243

of 21 Bulim Drive, Bulim Bus Depot

Policy No:

Claim No:

D17009970MFSTI

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

'wp'

31/10/17 @ 1-3pm

D.O.A. 22/10/17

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time 2:19pm @ 30/10/17

Person Contacted:

shanifah

Vehicle IN/OUT

Date/Time Action/Instruction (✓) Estimate

SMB 3065D - NA / GA117015269/h4-D.O.A: 5/8/2017

SHB 48294 - CS/FCI16018391/U/bm2-D.O.A: 26/09/16

Garmin

REF: FCI

947K

ASSIGNMENT

From: _____ Date: **31/10/17**

Estimated Cost: _____

OD / **TP** / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: **SMB 3065 D**

at Workshop mis: **Tower Transit**

of **21 Bulim Drive, Bulim Bus Depot**

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

1-3pm

(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: **2** days Res: Yes or No

Lum Sum: **1-B-1** % 3 Val: Yes or No

CA / REV / REP. / 24 HRS **lup**

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: **SMB 3065 D** Yr Regn: **2013 ANH**

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

Truck / Trailer or _____

Make: **MAN NL 326 F (A22)** cc **10518**

Colour: **GREEN** A/C: Insured / Std / NI / NA

Sp Reading: **245975** T/Radio: Insured / Std / NI / NA

Eng No: _____

C/No: **WMAA22Z 2107001833**

Gen. Cond: **Good** / Fair / Poor / Burnt

Steering: **In order** / Jammed / Leaked / Burnt or

Brake: **In order** / Jammed / Leaked / Burnt or

Modi: **Nil** / S/Rim / STD A/Rim or

Tyre Size: F: **275/70R22.5**

R: _____

BS / DUN / EXNOVA / GY / PS / LIZA / **MMB** / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front: _____ Rear: _____

R/Bal: **8** mm R/Bal: **8/8** mm

L/Bal: **8** mm L/Bal: **8/8** mm

D.O.A: **22/10/17** D.O.I: **31/10/17**

Survey held at: **TOWER TRANSIT**

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

N/S FR

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

2/11/17 email to Lurene preh.

21/11/17 confirmed p/p \$789.85 with Shanfah.

Cred: 762.29 , 49 %.

Date/Time File Pass to? ☐ : Preli. Report

☐ : Final Report

Date/Time File Return to?

1)

Report Format: **TP**

Lump Sum / **TP** : **\$789.85**

Days Of Repair: **2**

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp. (\$

☐ : Interview (\$

☐ : Tech. Insp. (\$

☐ : Weekend (\$

Survey Fee

Transportation

1) S-Rs. \$

2) Photos

3) Others

90

50

16

156



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

FIRST CAPITAL INSURANCE LTD

Ref : CS/FCI17020678/R1gb

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 30-10-2017



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHB 4829U	Veh. Inspected	SMB 3065D
Policy No.		Coverage (\$)	0.00
Claim No.	D17009970MFSH	Excess (\$)	0.00
Assign From	CWS (LURENE JAW)	Assign Date	30/10/2017

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	22/10/2017	Inspection Date	30/10/2017
Survey held at	TOWER TRANSIT SINGAPORE PTE. LTD. 21 BULIM DRIVE SINGAPORE 648170		

5a. Remarks

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

First Capital Insurance Limited

A FAIRFAX Company

Company Reg. No. 195000106C
GST Reg. No. M2-0001676-9

2.13pm

MOTOR SURVEY ASSIGNMENT

Date	24-10-2017	Our Ref No. D17009970MFSH
Accident Date	22-10-2017	Claim Type. Third Party
Insured Vehicle	SHB4829U	Third Party Vehicle. SMB3065D
Survey Location	21 Bulim Drive Bulim Bus Depot	
Contact Person.	MS SHARIFAH	
Contact No.	68171747/ 98482243	Fax No. 0
Survey Type	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED:	
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD	
Contact Person	NA	Fax No. 68416315
Contact Number.	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

Cc : Workshop	TOWER TRANSIT SINGAPORE PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	LURENE	

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/229423)



PRI Documents



Close



PRI Header Details

Claim No	D17009970MFSH	Policy No	D-15072702MFSH	Claimant S.No & Name	1 & TOWER TR
Workshop Name	TOWER TRANSIT SINGAPORE PTE LTD (Contact Person : MS SHARIFAH)	Survey Location & Contact Details	21 Bulim Drive Bulim Bus Depot Mobile: 98482243 , Phone: 68171747 , Fax: 0 EmailId: SHARIFAH@TOWERTRANSIT.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM T		
Insured Name	CITYCAB PTE LTD	Insured Vehicle No	SHB4829U	TP Vehicle No	SMB3065D
PRI Recieved Date	27-10-2017 03:24:29 PM	Surveyor Appointed Date	30-10-2017 02:13:06 PM	Surveyor Accept Date	30-10-2017 0

Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	30-10-2017	Upload Survey Report *:	<input type="button" value="Choose File"/>
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Vehicle Particulars

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

Multiple Documents Upload

File Name

Action

Surveyor Job Remarks

Remarks

Ai Phing (LKKAuto)

From: Ai Phing (LKKAuto)
Sent: Thursday, 2 November, 2017 4:50 PM
To: 'Claim Workflow System'
Cc: LURENEJAW@FIRST-INSURANCE.COM.SG; SUR
Subject: RE: SURVEY ASSESSMENT - D17009970MFSH/1
Attachments: SMB 3065D.pdf

Dear Lurene,

Enclosed herewith preliminary advise of vehicle SMB 3065D.

Best Regards,

Ai Phing | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #01-25 | S(408933)

From: Admin-D (LKKAuto)
Sent: Monday, 30 October, 2017 2:22 PM
To: 'Claim Workflow System' <cwsmotorclaims@first-insurance.com.sg>; assignments <assignments@lkkauto.com>
Cc: LURENEJAW@FIRST-INSURANCE.COM.SG; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D17009970MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed vehicle not in workshop, repairer arrange on 31/10/2017.

Best Regards,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Claim Workflow System [<mailto:cwsmotorclaims@first-insurance.com.sg>]
Sent: Monday, 30 October, 2017 2:13 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG; LURENEJAW@FIRST-INSURANCE.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D17009970MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

Please find attached the necessary documents for survey.

Kindly submit your report via CWS within the next 14 days.



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: D17009970MFSH

Date: 02-11-2017

Our Ref: CS/FC117020678/R1gb

The Motor Claims Department
First Capital Insurance Ltd

Without Prejudice

Dear Sir/Madam,

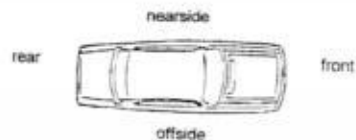
INITIAL INSPECTION REPORT OF VEHICLE NO. SMB 3065D.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 31-10-2017 at the premises of M/s TOWER TRANSIT and have the following to report:-

Workshop Estimate Amount	: S\$ 1,552.14
Revised Estimate Amount	: S\$ 789.85
"Check" Items Amount	: S\$ -
Market Value	: S\$ -
LTA Reimbursement Value	: S\$ -
Nett Value	: S\$ -

Description of Damage:

The vehicle sustained damages at the n/s front portion.



Yours faithfully

Mohamed Rasul
Automotive Assessor

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	24/10/2017 23:42
Date Of Accident	22/10/2017 00:50
Exact Location Of Accident	BUKIT BATOK WEST AVENUE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB3065D
Insured/Policyholder	
Name Of Registered Owner	TOWER TRANSIT SINGAPORE PTE LTD
Co Reg No	201419417K
Email Address	SHARIFAH@TOWERTRANSIT.SG
Mobile Phone No	
Alternative Phone No	OFFICE-68171747

Vehicle Particulars

Manufacturer	MAN
Model	NL320F (A22)-10.5 D ABS TURBO (A)
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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D-16086301MFBP
Cover Note Number	

Driver

Name of Driver	LIM CHER SIANG
NRIC No	S1422640J
Date Of Birth	16/09/1960
Occupation	OUTDOOR
Date Of Driving Pass	31/07/1998
Driving Experience	19 YEARS AND 2 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 - MAJOR/MINOR RD

Weather Conditions CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Was any body injured in the Accident? 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) 5

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

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 SHB4829U

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

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 willful 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 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.

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.

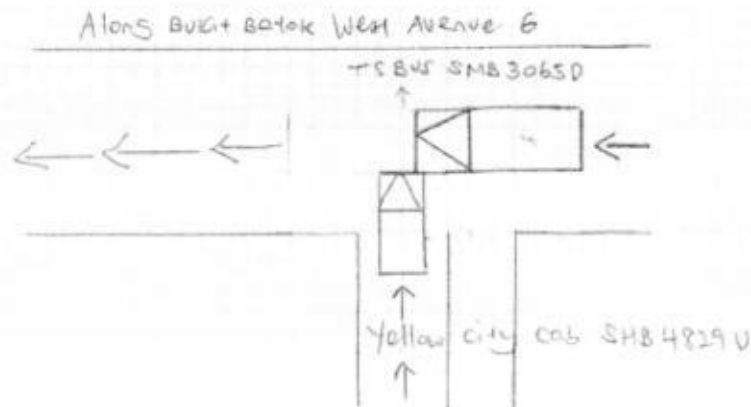


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan #2

Describe Circumstances of the Accident

At 0052hrs on 23/10/17 I Bo 10829 Lim Cher Sione was driving
 TIS bus vehicle number SMB 3065D, Duty no 941 P03, which was
 travelling along Bukit Batok West Avenue 6 before A/S 43321 Copp
 Blk 144). My bus was travelling at the main road and was
 already after and over the small road junction. Suddenly a yellow
 city cab dash out from the small road junction and hit my bus.
 TIS bus SMB 3065D damage front left bottom body scratched.
 Damage to taxi front bumper SMB 4829 U.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Ling

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

23/10/17

Witnessed by Reporting Centre Personnel



TOWER TRANSIT
ENGINEERING

BUS REGISTRATION NUMBER	SMB3065D
BUS TYPE (SD/DD)	SD
BUS ROUTE NUMBER	
BUS ADVERTS (Y/N)	N

Part No.	Part or Item Description	Quantity	Total Cost
77200045	COVER HEADLAMP - N/S/F	1	(PA) \$389.85
		7% GST	\$27.29
		FINAL TOTAL COST	\$417.14

LABOUR ITEM (PLEASE SPECIFY IF ITS ASSESSMENT, REPAIR OR SPRAY PAINT)		TOTAL COST
	TO REPLACE/REPAIR THE DAMAGED PARTS (INCLKUDING SPRAY PAINTING)	400 \$500.00
		7% GST \$35.00
		FINAL TOTAL COST \$535.00

ESTIMATED ACCIDENT REPAIR COST



SECTION 5: REPAIRS TO BUS ADVERTISEMENT VINYL/PANELS (ADVERTISEMENT COST)

TOTAL ADVERTISEMENT REPAIR COST	
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SECTION 6: RECOVERY OF ACCIDENT BUS (TOWING COST)

TOTAL TOWING COST	
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SECTION 7: NUMBER OF DAYS UNDER ACCIDENT REPAIR (LOSS OF USE COST)

BUS TYPE (SD / DD)	SD
LOSS OF USE COST	

Date In For Repairs	31/10/2017
Date Out From Repairs	2/11/2017
Number of Days Under Repair	2
	\$600.00

SUMMARY	
SECTION NO.	COST
1	\$417.14
2	\$535.00
3	-
4	-
5	\$600.00
ESTIMATED ACCIDENT REPAIR COST (1+2+3+4+5)	\$1,552.14

[Handwritten signature]
31/10/17

*Revised
4p 90010068
2 days
31/10/17 @ 1530*




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				
FIRST CAPITAL INSURANCE LTD		Ref : CS/FCI17020678/R1gbe2		
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 29-11-2017		
		Code : FCI2		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHB 4829U	Veh. Inspected	SMB 3065D	
Policy No.	D-15072702MFSH	Coverage (\$)	0.00	
Claim No.	D17009970MFSH	Excess (\$)	0.00	
Assign From	LURENE JAW	Assign Date	30/10/2017	
2. Vehicle Particulars & Condition				
Make & Model	MAN NL NL320F (A22)	c.c	10518	
Engine No.	HIDDEN	Year of Reg.	2013	
Chassis No.	WMAA22ZZ1D7001833	Colour	GREEN	
Odometer	245975	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	275/70 R22.5	MICHELIN	8 mm	
L/H Front Tyre	275/70 R22.5	MICHELIN	8 mm	
R/H Rear Tyre	275/70 R22.5 (D)	MICHELIN	8/8 mm	
L/H Rear Tyre	275/70 R22.5 (D)	MICHELIN	8/8 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	22/10/2017	Inspection Date	31/10/2017	
Survey held at	TOWER TRANSIT SINGAPORE PTE. LTD. 21 BULIM DRIVE SINGAPORE 648170			
5a. Remarks				
A) DAMAGES CONSISTENT TO ACCIDENT REPORT. B) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. C) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 Working Days		



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. SMB 3065D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REPLACEMENT OF PARTS	CRACKED		
	COVER HEADLAMP - N/S/F		389.85	389.85
			389.85	389.85
	LABOUR			
	TO REPLACE / REPAIR THE DAMAGED PARTS (INCLUDING SPRAY PAINTING)		500.00	400.00
			500.00	400.00
GRAND TOTAL			889.85	789.85
RECOMMENDED COST OF REPAIRS				789.85

Report Ref No. CS/FCI17020678/R1gbe2

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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