

REF: NS/INC17022996/Kltb12

REF: NS/INC17022996/Kltb12

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: SKG 779U
 Policy No. 5089498738 31-03-17 - 31-03-18
 Claims No. MT/0972130-002
 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 Report: _____ 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: SH 8264K Yr Regn: 10 Mar 2016
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Hyundai I40 C.C. 1685
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 295660 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: 1CMHCBK14M64 085510
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD / A/Rim or
 Tyre Size: F: 205/60R16 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Max Kook.
 Front: R/Bal. 7 mm L/Bal. 7 mm D.O.I. 3/12/17
 Rear: R/Bal. 7 mm L/Bal. 7 mm D.O.I. 4/12/17
 Survey held at CPE (67471)
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
 o/s Ren
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

SH 8264K - NS/INC17017043/Kltb02
 SKG 779U - C03 (ATG) 2022995/Rvg2
 11/12/17 Contd P/P \$950.48 / 2 Pgs.
 Red: \$485.70, 34%

DA: 300817 Inc
 DA: 031112 P/P

RECEIVED 12

Date/Time, File Pass to?

☐ : Preli. Report
☒ : Final Report

1) typist
 Date/Time, File Return to?

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

Survey Fee: 160
 Transportation: _____
) S+RS, SI
) Photos
) Others

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

Report Format: TP
 Lump Sum / I.B.I. / S 950.48

160
35
195



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/INC17022996/K1rb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 05-12-2017

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKG 779U	Veh. Inspected	SH 8264K
Policy No.	5089498738	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	04/12/2017

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

--

5. General Information

Accident Date	03/12/2017	Inspection Date	04/12/2017
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.
--

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="03/12/2017 10:14"/>						
Vehicle No. (For Motor)	<input type="text" value="SKG779U"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5089498738	LILY LAWANDRA	X258400	GPC	drive CLASSIC	SKG779U	SKG779U	31/03/2017	30/03/2018
<input type="button" value="Continue"/>									

TP Claims against NTUC Income: Follow-Through Survey

Date : 12/12/2017

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/0973279-001	SMRT TAXI PTE LTD	SHB 463S	SJJ3624J	1/12/2017	23:15	\$ 8,264.22
2	MT/0971757-002	SMRT TAXI PTE LTD	SHB 5563D	SJC 8130X	27/11/2017	22:15	\$ 2,539.53
3	MT/0972130-002	COMFORT TRANSPORTATION PTE LTD	SH 8264K	SKG 779U	3/12/2017	16:10	\$ 1,436.18
4	MT/0972199-002	COMFORT TRANSPORTATION PTE LTD	SH 8500D	SHB8931E	3/12/2017	17:20	\$ 3,338.00

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	04/12/2017 13:42
Date Of Accident	03/12/2017 16:10
Exact Location Of Accident	MARINE DRIVE X MARINE PARADE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8264K
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0016
Cover Note Number	

Driver

Name of Driver	SEOW TECK SIONG
NRIC No	S1204615D
Date Of Birth	28/01/1956
Occupation	OUTDOOR
Date Of Driving Pass	30/11/1976
Driving Experience	41 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	108 12-2224 BEDOK NORTH ROAD
Postcode	460108
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
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)	3

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

SEE ATTACH.

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

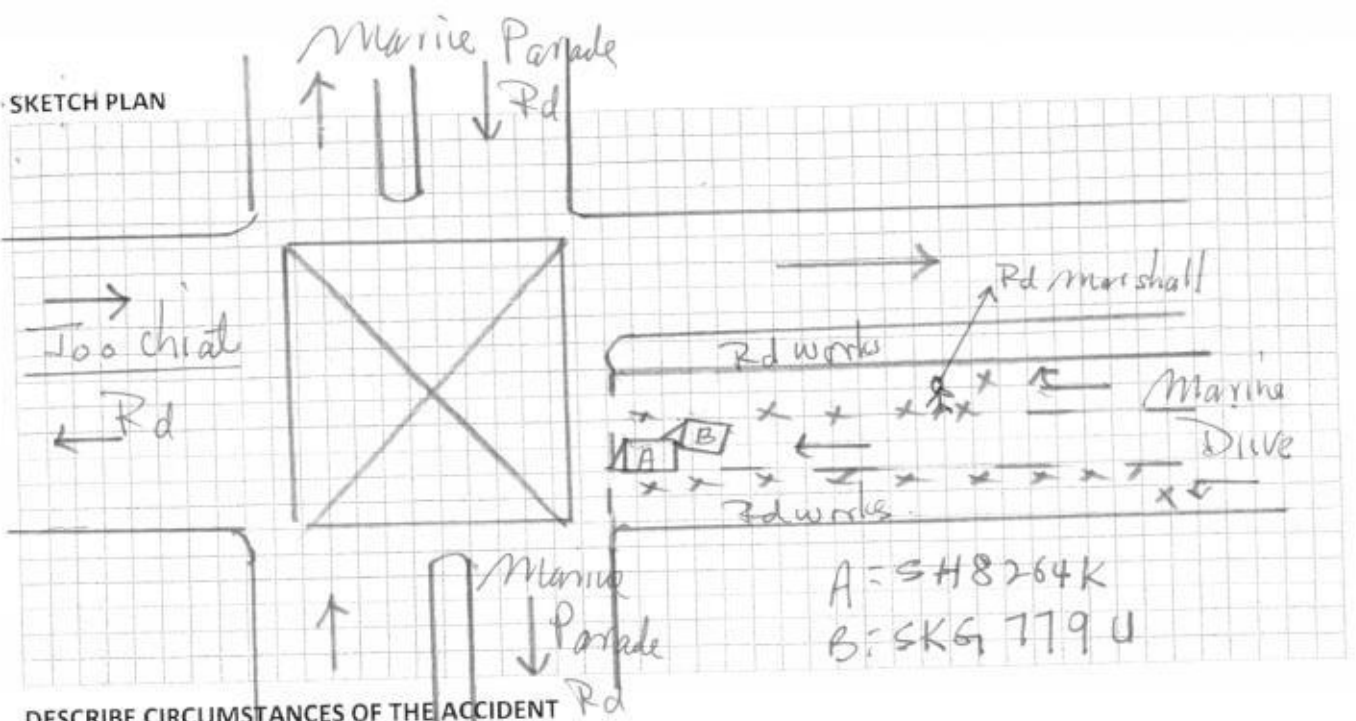
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKG779U
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	HING HO
NRIC/Passport Number	S2180197F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LEFT FRT
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As attached

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CC REG. NO. 189303821R

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.:

SH 8264 K

- ACCIDENT STATEMENT

Yesterday afternoon(03/12/2017), a Chinese couple boarded my taxi at Marine Drive for a trip to MBS.

There were road works in progress on both sides of the road as I was approaching Marine Parade Road. As seen in the video footage, I followed the vehicular flow as guided by the road marshal under the situation.

When I reached the junction, I stopped my taxi as it was red light signal in my direction and I could not proceed to turn left into Marine Parade Road.

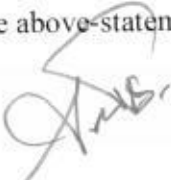
It was under such situation car B(SKG 779U), a Toyota behind, collided against right rear of my taxi when its driver intended to turn right at the junction.

I took photos at the scene and also took down the particulars of driver B.

The impact inflicted damage to the right rear portion of my car while the left front to car B sustained dents.

No report of injury at the time of accident.

I affirmed the above-statement is true and correct.


Driver name : Seow Teck Siong
NRIC NO : S 1204615D
Date: 04/12/2017

Recorded by Alex Lim



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.

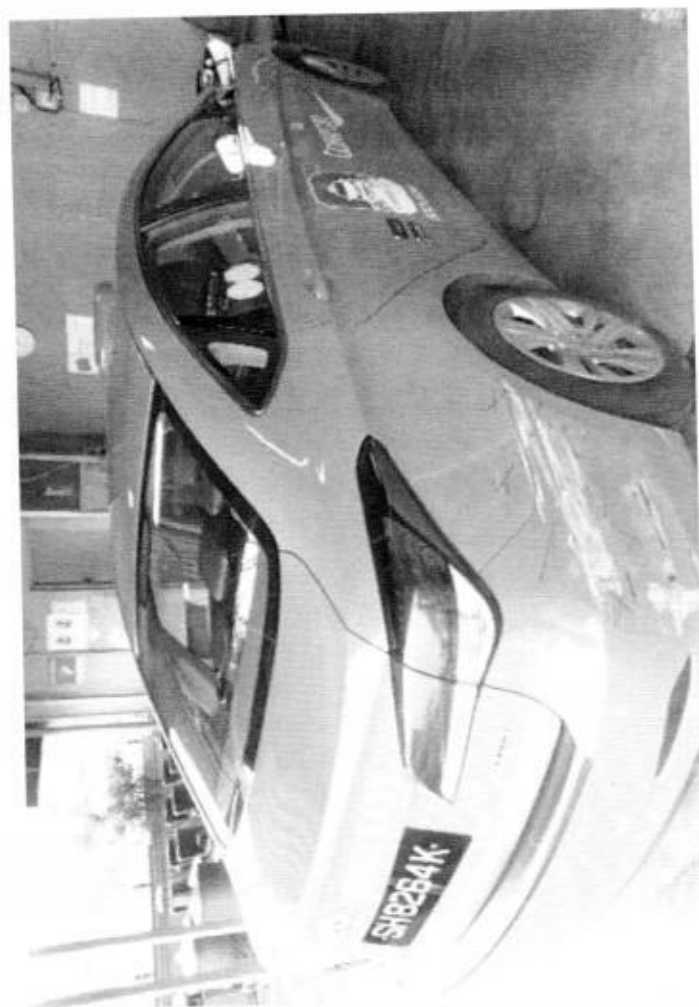
COMFORT TRANSPORTATION PTE. LTD.
CO REG NO: 199303221R

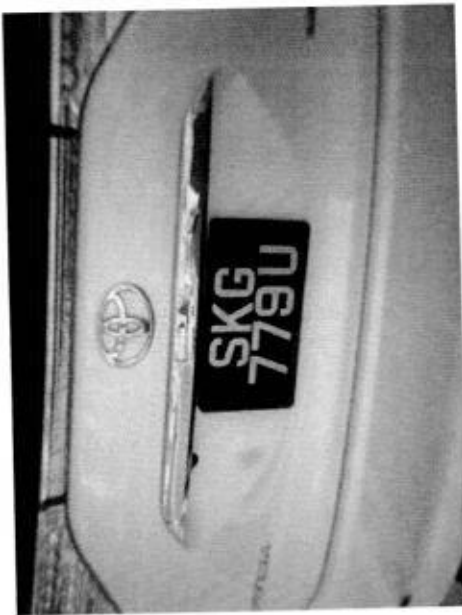
Lim Ee Suan
CSO

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.:





Job: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.305094519

Customer Name: COMFORT TRANSPORTATION PTE LTD
 S/N: 7010045
 Address: 383 SIN MING DRIVE
 Singapore SINGAPORE 575717
 Phone: 65508755 (O)
 (R)
 (P)

REGN NO: SH 8264K	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL: I-40	DATE/TIME IN 04.12.2017 09:35
YR OF MANU: 10.03.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU085510	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 03.12.2017
 Accident Time: 3P 03.12.2017

NO	LABOR CODE	DESCRIPTION
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WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Vehicle Identification Slip

Exit Pass

No.: SH 8264K LKE/KALVIN

Vehicle No.: SH 8264K

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE*

VEHICLE NO : SH 8264K

DATE 4/12/2017 16:12

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 603.60
	Rear Bumper Clips			\$ 22.00
	SUB TOTAL			\$ 625.60
	LESS 20%			\$ 125.12
	DISCOUNTED TOTAL			\$ 500.48
	Rear Bumper Reverse Sensor			\$ 135.70
	Rear Bumper Rubber Mat			\$ 50.00
				\$ 185.70
	Labour Charge			
	Panel Beating			\$ 380.00
	Spray Painting Charge			\$ 200.00
	Wiring Charge			\$ 50.00
	R/Refix Reverse Sensor			\$ 120.00
	TOTAL LABOUR			\$ 750.00
	ESTIMATE TOTAL			\$ 1,436.18

Kaluh (LKK)
 4/12/17 1636hrs.
 2 Days.
 PIP
 Before Paint photo

LKK Auto Centre warrants hence notify the Repairer of the following:

- To resurvey before spray painting
- To display (if possible) during resurvey
- Parts price list to be sent to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal work to be allowed
- Suppliers to be resurveyed and approved by Insurance Company

Acknowledged by Repairer
 Signature:
 Date:

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

LKK/Kaluh

Pby P

NTUC

like

180

X 11

20

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305094519
REGN NO : SH 8264K
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 10.03.2016
DATE/TIME IN : 04.12.2017 09:35
ACCIDENT DATE : 03.12.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0579-G I40VC COVER ASSY-RR BUMPE 1 L 603.60 20.00 482.88
0002 04-01-0101-0111-G HYUNDAI BUMPER COVER CLIP 10 L 22.00 20.00 17.60
0003 04-01-0103-1150-A I40VC PROTECTOR MAT 1 N 50.00 2.00- 50.00

SUB-TOTAL : 550.48

JOB NATURE

0000 L PANEL BEATING 200.00
0001 23-502 SPRAYPAINT ON AFFECTED AREA 180.00
0002 20-22 REMOVE/REFIX REVERSE SENSOR 20.00

SUB-TOTAL : 400.00

TOTAL : 950.48

AUTHORISED : YES / NO :

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305094519
Date : 08.12.17

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

FINALIZATION FORM

To : LKK
Attn : Mr KALVIN ANG
Vehicle Reg No : SH8264K CTPL

Fax :
03.12.17

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

1. The repair job shall bill to: NTUC SKG779U
2. The finalized amount shall be:


(a) Spare Parts after List discount	\$550.48
(b) Labour Charges	\$400.00
Total for Part-By-Part Repair Cost	\$950.48
(c) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	
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 : KALVIN ANG
Date : 11/12/17

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				
3. Survey Fees				
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

**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



Thatcham escribe

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC17022996/K1rbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 21-12-2017

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKG 779U	Veh. Inspected	SH 8264K
Policy No.	5089498738	Coverage (\$)	0.00
Claim No.	MT/0972130-002	Excess (\$)	0.00
Assign From		Assign Date	04/12/2017

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU085510	Colour	BLUE
Odometer	295660	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	HANKOOK	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	03/12/2017	Inspection Date	04/12/2017
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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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. SH 8264K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DEFORMED	603.60	603.60
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
	LESS 20% DISCOUNT		-125.12	-125.12
			500.48	500.48
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER REVERSE SENSOR (SN)	NOT NECESSARY	135.70	-
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			185.70	50.00
<u>LABOUR</u>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		550.00	220.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		200.00	180.00
			750.00	400.00
GRAND TOTAL			1,436.18	950.48
RECOMMENDED COST OF REPAIRS (CONFIRMED)				950.48

Report Ref No. NS/INC17022996/K1rbn2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

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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