

22/02/2013

ASS. REC. BY:

REF: CS3/FCI 17024684/R1d3²

Special Instructions:

Surveyor:

ASSIGNMENT (Office)

CWS

From (Person):

May chwa

of

FCI

Date/Time:

9:08am @ 29/12/17

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJC 2789K

Insured:

SHD 3080H

at Workshop m/s

Guin Auto Service

Tel:

93884210

of Blk 7, Sin Ming Ind. Est. Sect C # 01-82 / 01-80

Policy No:

Claim No:

D17011816 MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

22/12/2017

CA / REV / REP. / REV 24 HRS

(wp)

H.O.D. Endorsement:

Date/Time:

10:21am @ 29/12/17

Person Contacted:

Mr. Jacky

Vehicle

IN/OUT

Date/Time

Action/Instruction (X) Estimate

SJC 2789K - x

SHD 3080H - CS/FCI 16020522/R1gh 32

D.O.A: 18/10/2016

Dismantle Part: 02/01/2018

After repair: 04/01/2018

REF: Rabu

REF:

4744E

COE XPRY: 2018/FEB

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: SJC 2789K
at Workshop m/s: QUAN AUTO
of: 9K7, SINMM QS #01-82/80
Insured: FCI/TP
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.

N/S	O/S

Bal. or Market Value: 12K
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: SJC 2789K Yr Regn: 2008 FEB
Type: C / M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: HONDA STREAM 1.8D C.C. 1799
Colour: GRY A/O: Insured / Std / NI / NA
Sp. Reading: 181787 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: RN61056795
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Order / Jammed / Leaked / Burnt or
Brake: Order / Jammed / Leaked / Burnt or
Mod: Nil / S/Rim / STD A/Rim or
Tyre Size: F: 205/45Zr17
R: -
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or: NEXEN
Front: _____ Rear: _____
R/Bal. 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. 22/12/17 D.O.I. 29/12/17 3/6 pm
Survey held at: Quan Auto
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
O/S FRT
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

RECEIVED 23 APR 2018

Date/Time, File Pass to?

1) 21042018

Date/Time, File Return to?

2) _____

☐ : Preli. Report
☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

☐ : S + RS (\$)

☐ : Photos

☐ : Others

Report Format: PRS

Lump Sum / I.B.I: (\$ _____)

TOTAL

First Capital Insurance Limited

A FAIRFAX Company

Company Reg. No. 195000106C

GST Reg. No. M2-0001676-9

MOTOR SURVEY ASSIGNMENT

Date	26-12-2017	Our Ref No. D17011816MFSH
Accident Date	22-12-2017	Claim Type. Third Party
Insured Vehicle	SHD3080H	Third Party Vehicle. SJC2789K
Survey Location	Block 7 Sin Ming Industrial Estate Sector C #01-82 / #01-80	
Contact Person.	MR JACKY FONG	
Contact No.	93884210/ 93884210	Fax No. 64511706
Survey Type	WITHOUT PREJUDICE:	
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	GUAN AUTO SERVICE	Attention. NIL
Cc : TP Solicitor	C YOGARAJAH LLC	TP Solicitor Fax No. NA
Officer Incharge	MAY CHUA	

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/232307)



PRI Documents



Close



PRI Header Details

Claim No	D17011816MFSH	Policy No	D-15072701MFSH	Claimant S.No & Name	1 & C YOGARA
Workshop Name	GUAN AUTO SERVICE (Contact Person : MR JACKY FONG)	Survey Location & Contact Details	Block 7 Sin Ming Industrial Estate Sector C #01-82 / #0 Mobile: 93884210 , Phone: 93884210 , Fax: 64511706 EmailId: LHENY@YOGA-LEGAL.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SHD3080H	TP Vehicle No	SJC2789K
PRI Recieved Date	28-12-2017 06:41:21 PM	Surveyor Appointed Date	29-12-2017 09:07:18 AM	Surveyor Accept Date	29-12-2017 11

Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	29-12-2017	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	<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 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	28/12/2017 17:08
Date Of Accident	22/12/2017 18:50
Exact Location Of Accident	MIDDLE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJC2789K
Insured/Policyholder	
Name Of Registered Owner	SG1 CAR PTE. LTD.
Co Reg No	201614744E
Email Address	SG1CAR@YAHOO.COM
Mobile Phone No	
Alternative Phone No	OFFICE-97603562

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5081067151-01
Cover Note Number	

Driver

Name of Driver	MUHAMMAD RASUL BIN RAJAB
NRIC No	S8920067I
Date Of Birth	17/06/1989
Occupation	OUTDOOR
Date Of Driving Pass	13/07/2010
Driving Experience	7 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86270614
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 447A JALAN KAYU #06-358 SINGAPORE
Postcode	791447
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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
Passenger 1	NAME: : NA GENDER: : MALE
Passenger 2	NAME: : NA GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED

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	SHD3080H
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 MUHAMMAD RASUL BIN RAJAB

Approximate Age

Injuries Sustain REFER POLICE REPORT

Injured person in which vehicle? SJC2789K

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

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.

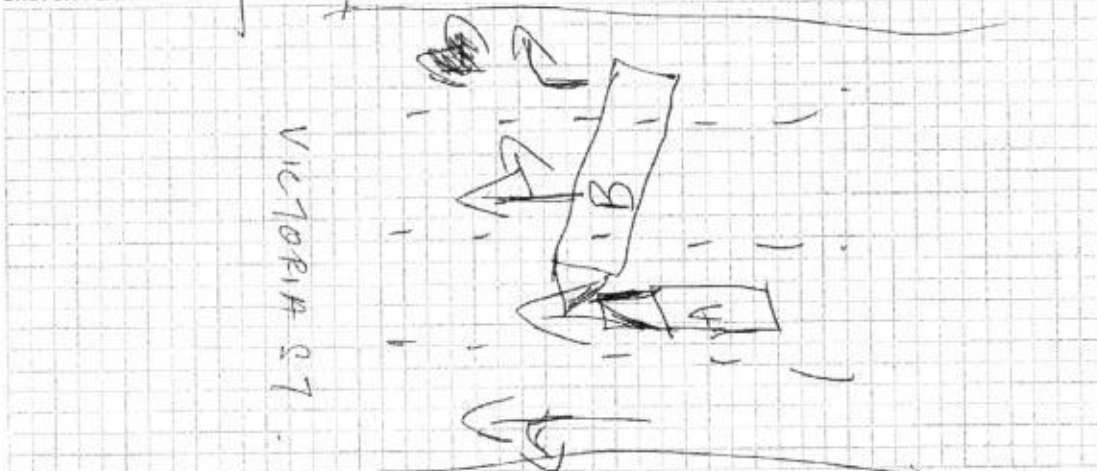


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report.

DECLARATION

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

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.:



T/20171227/2124

1 of 3

Report No. T/20171227/2124

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No 01

Report Number T/20171227/2124

Vide Report Number T/20171222/2149

Date/Time of Report Made 27/12/2017 17:31

Place Report Lodged Traffic Police Division HQ

Type of Informant Driver

Name of Informant Muhammad Rasul Bin Rajab

ID Type / ID No. NRIC NO / S8920067I

Home/Office

Mobile 86270614

Email

Type of Accident Injury / Attended by Police

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 22/12/2017 18:50

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD3080H	Taxi					0
SJC2789K	Car					2

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20171227/2124

2 of 3

Report No. T/20171227/2124

Continuation of CSF For NP168

Driver Name	Muhammad Rasul Bin Rajab	ID No.	S89200671
Related Vehicle	SJC2789K (Car)	Contact No.	86270614
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/12/2017	Date Discharge	23/12/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Facts.

Reference to T/20171222/2149, I would like to amend that I have received 3 days MC from SGH. I would also like to add on that I got the other party's registration number SHD3080H.



T/20171227/2124

3 of 3

Report No. T/20171227/2124

Continuation of CSF For NP168

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.

Case Sensitivity	No
Officer-In-Charge of Case	TP / GIT / YEO CHUN JIAN
Classification of Case	1) INJURY / ATTENDED BY POLICE


BISHAN NPC
20 BISHAN STREET 23
SINGAPORE 579757
TEL: 1800-5529999

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20171222/2149

1 of 3

Report No. T/20171222/2149

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/12/2017 21:22		Vide Report No.:	Station Diary No.:
Informant's Particulars			
Name of Informant: MUHAMMAD RASUL BIN RAJAB		Address: APT BLK 447A JLN KAYU #06-358 SINGAPORE 791447	
ID Type / ID No.: NRIC NO / S69200671		Contact No.:	Mobile: 86270614
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 28	Date of Birth: 17/06/1989	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: UBER DRIVER		Driving Licence Information: Class: 3,4 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/12/2017 18:50	Type of Location:
Location: Along Road 1 MIDDLE ROAD				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJC2789K	Car	HONDA	STREAM 1.8 RSZ A	Grey		2



**SINGAPORE
POLICE FORCE**



T/20171222/2149

2 of 3

Report No. T/20171222/2149

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

CONTINUATION OF REPORT

Brief Details.

ON 22/12/2017 AT 1850 HRS AT MIDDLE ROAD,

I WAS TRAVELLING STRAIGHT BEFORE VICTORIA ST JUNCTION. SUDDENLY A TAXI SIGNALLED RIGHT IMMEDIATELY TURNED LEFT. AS A RESULT, THE TAXI COLLIDED INTO THE FRONT RIGHT PORTION OF MY VEHICLE. THE TAXI DAMAGED MY DOOR AND IT BECAME STUCK. AS A RESULT, I WAS UNABLE TO GET OUT. THE TAXI THEN DROVE OFF INTO VICTORIA ST. I THEN ALIGHTED MY PASSENGERS AND CALLED FOR TRAFFIC POLICE.



SINGAPORE
POLICE FORCE

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



T/20171222/2149

3 of 3

Report No. T/20171222/2149

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 /
LEE KWANG HONG KENDRICK

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI YEO CHUN JIAN
Contact No.: 65476213

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
22/12/2017 21:22

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature:

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	4744E
Vehicle Details	
Vehicle No.:	SJC2789K
Vehicle to be Exported:	No
Intended De-registration Date:	03 Jan 2018
Vehicle Make:	HONDA
Vehicle Model:	STREAM 1.8 RSZ A
Primary Colour:	Grey
Manufacturing Year:	2007
Engine No.:	R18A1763529
Chassis No.:	RN61056795
Maximum Power Output:	103.0 kW (138 bhp)
Open Market Value:	\$20,003.00
Original Registration Date:	06 Feb 2008
First Registration Date:	06 Feb 2008
Transfer Count:	3
Actual ARF Paid:	\$22,004.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	05 Feb 2018
PARF Rebate Amount:	\$11,002.00
Intended COE Rebate Details	

COE Expiry Date:	05 Feb 2018
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	\$13,209.00
COE Rebate Amount:	\$117.00
Total Rebate Amount:	\$11,119.00

The information contained herein is correct as at 03 Jan 2018

OK

12,000
11,119

881
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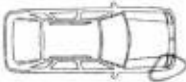
**LKK Auto Consultants Pte Ltd**

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			
FIRST CAPITAL INSURANCE LTD 36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Ref: CS3/FCI17024684/R1d3s2 Date: 25-04-2018 Code: FCI2	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SHD 3080H	Veh. Inspected	SJC 2789K
Policy No.	D-15072701MFSH	Coverage (\$)	0.00
Claim No.	D17011816MFSH	Excess (\$)	0.00
Assign From	MAY CHUA	Assign Date	29/12/2017
2. Vehicle Particulars & Condition			
Make & Model	HONDA STREAM 1.8 A	c.c	1799
Engine No.	HIDDEN	Year of Reg.	2008
Chassis No.	RN61056795	Colour	GREY
Odometer	181787 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	215/45ZR17	NEXEN	6 mm
L/H Front Tyre	215/45ZR17	NEXEN	6 mm
R/H Rear Tyre	215/45ZR17	NEXEN	6 mm
L/H Rear Tyre	215/45ZR17	NEXEN	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION.			
5. General Information			
Accident Date	22/12/2017	Inspect Date / Time	29/12/2017 (05:16 PM)
Survey held at	BLK 7 SIN MING IND. EST. SEC C # 01/82		
Repairer	GUAN AUTO SERVICE		
5a. Remarks			
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:\$12,000.00			

Report Ref No. CS3/FCI17024684/R1d3s2

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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