

Surge: Kelvin

REF: NS/INC18006542/Klrbn2

### ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated cost: \_\_\_\_\_  
 OD / TP / INS / TP RES / OD RES / EVA / INV / MV  
 To Insp Vehicle No: \_\_\_\_\_  
 at Work Shop no: \_\_\_\_\_  
 of \_\_\_\_\_  
 Insured: (GBD) 7885Y  
 Policy No: 5069822809-03 28012018  
 Claims No: MT/0989630-002  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record): \_\_\_\_\_  
 Make of Veh: \_\_\_\_\_

NS	O/S

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Be/L or Market Value: \_\_\_\_\_  
 IDAG Accident Report: \_\_\_\_\_ Consistent?: Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No  
 Est. Repairs: \_\_\_\_\_ days Res.: Yes or No  
 Loss Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SHC83794 Yr Regn: 28 May 2018  
 Type: M/Car / M/Cycle / Bus / Van / Lorry / ☒ / Prime Mover /  
 Truck / Trailer or  
 Make: Hyundai 240 G.O. 168  
 Colour: Blue A/C: ☒ Ins: ☒ Std / NI / NA  
 Sp. Reading: 452574 T/Radio: ☒ Ins: ☒ Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/Nr: KMHCB414M4069296  
 Gen. Cond: Good / ☒ / Poor / Burnt  
 Steering: In order / ☒ / Jammed / Leaked / Burnt or  
 Brake: In order / ☒ / Jammed / Leaked / Burnt or  
 Mod: Nil / S/Rim / ST ☒ / R/Rim or  
 Tyre Size: F: 205/60R16  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / ORYON / PIR / SUMI /  
 TOYO / YOKO or Wella  
 Front: \_\_\_\_\_ Rear: \_\_\_\_\_  
 R/Bal: 7 mm R/Bal: 7 mm  
 L/Bal: 7 mm L/Bal: 7 mm  
 D.O.A: 9/4/8 D.O.I: 9/4/8  
 Survey held at CDGE (Layang)  
 Des. of Damages: Frt / Rear / O/S / NS / U/C / Rooftop or  
 Per N/A  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SHC 83794 - C3 / LOR / TOW / 110517 / H/20392
	GBD 7885Y - X
11/4/18	Estimate 45 \$ 900 / 2 hrs. (Red 1481.58, 607)

RECEIVED 11 APR 2018

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

1) ☐ : Final Report

Date/Time, File Return to?

2) 11/4 - typist

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

Survey Fee:

Transportation:

\$ + RS, \$1

Photos:

160

35

195

TP  
LS \$ 900/k



## 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/INC18006542/K1vb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 09-04-2018  
189556



Code: INC4

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBD 7885Y	Veh. Inspected	SHC 8379U
Policy No.	5069822809-03	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	09/04/2018

### 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	09/04/2018	Inspection Date	09/04/2018
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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TP Claims against NTUC Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/0961708-002	SMRT BUSES PTE LTD	SG5135A	XD5018L
2	MT/0989630-002	COMFORT TRANSPORTATION PTE LTD	SHC 8379U	GBD 7885Y
3	MT/0989480-002	COMFORT TRANSPORTATION PTE LTD	SHB 4161L	FX 6997L
4	MT/0989240-002	CITY CAB	SHB 3173J	SLW 3988S

eBaoTech

GeneralClaim

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"/>	5069822809-03	SOON POH TELECOMMUNICATIONS PTE LTD	198601557H	GFT	Comprehensive	GBD7885Y	GBD7885Y	28/01/2018	

## 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 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	09/04/2018 11:52
Date Of Accident	09/04/2018 07:35
Exact Location Of Accident	CANBERRA LINK TWDS SEMBAWANG RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8379U
<b>Insured/Policyholder</b>	
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

### Driver

Name of Driver	NEO CHYE HUA
NRIC No	S0191656D
Date Of Birth	04/01/1950
Occupation	OUTDOOR
Date Of Driving Pass	09/07/1968
Driving Experience	49 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	CHYEHUA_NEO@YAHOO.COM

Address	132 10-221 YISHUN STREET 11
Postcode	760132
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
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)	2
Passenger 1	NAME: : - GENDER: : MALE

### 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

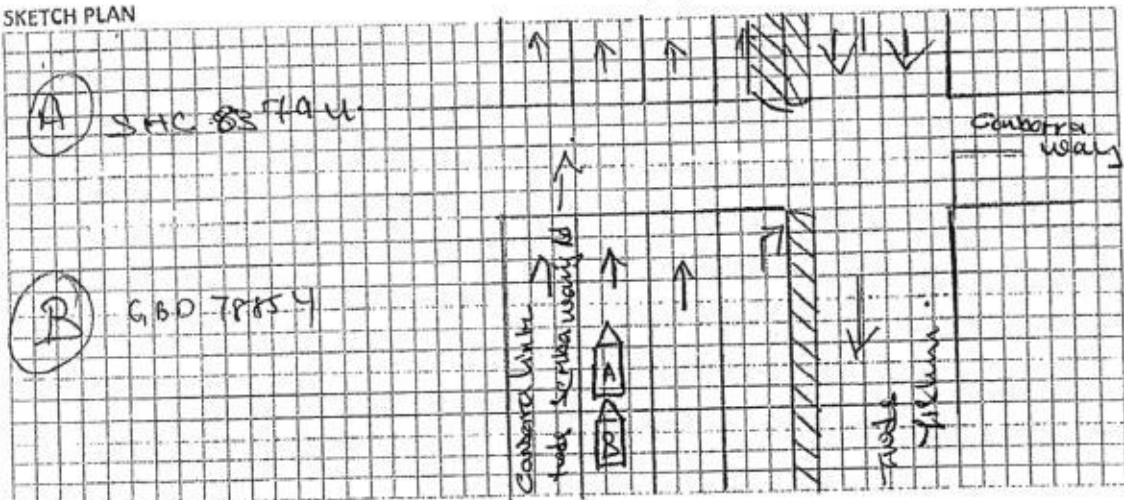
### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD7885Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

# Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON. 7 April 2018 @ 0925 hrs I VEH A

was driving along Canberra Link towards Sainsbury Rd  
of Canberra way.

near T. Smithy. I ~~was~~ <sup>veh A</sup> slow down at  
Stop R4 traffic light suddenly veh B from  
behind hit veh A rear. at the point of  
accident I veh A had a male passenger  
he was OK.

## DECLARATION

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

COMFORT TRANSPORTATION PTE LTD.  
CO. REG. NO. 19930382

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.:

GAAPAC SketchPlanForm\_v2



## Sketch Plan Pg. 2

### 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.

UMFORD TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

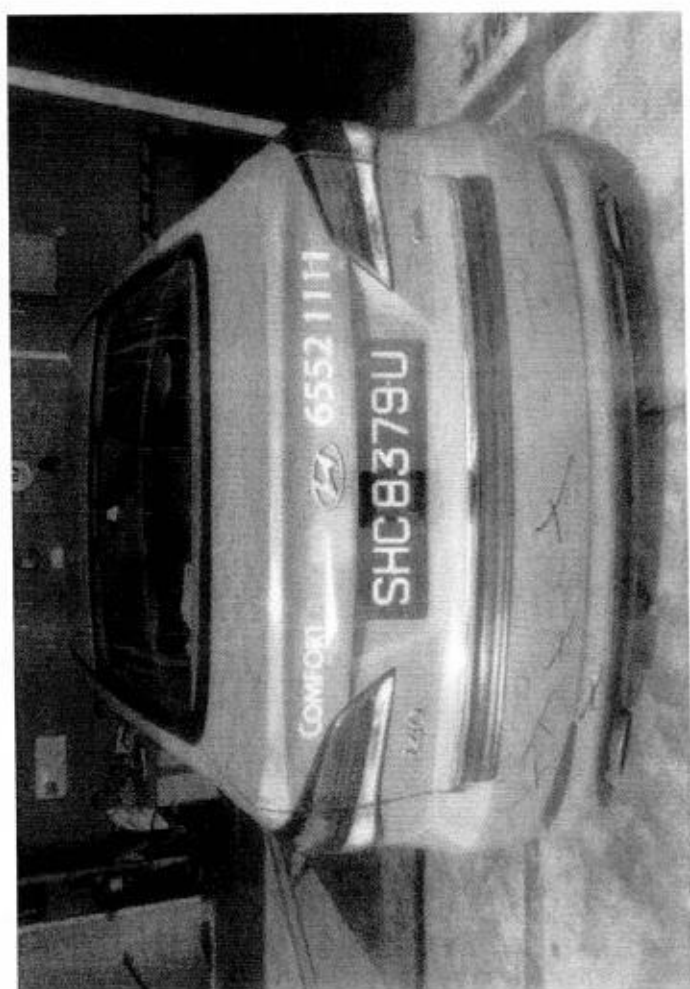
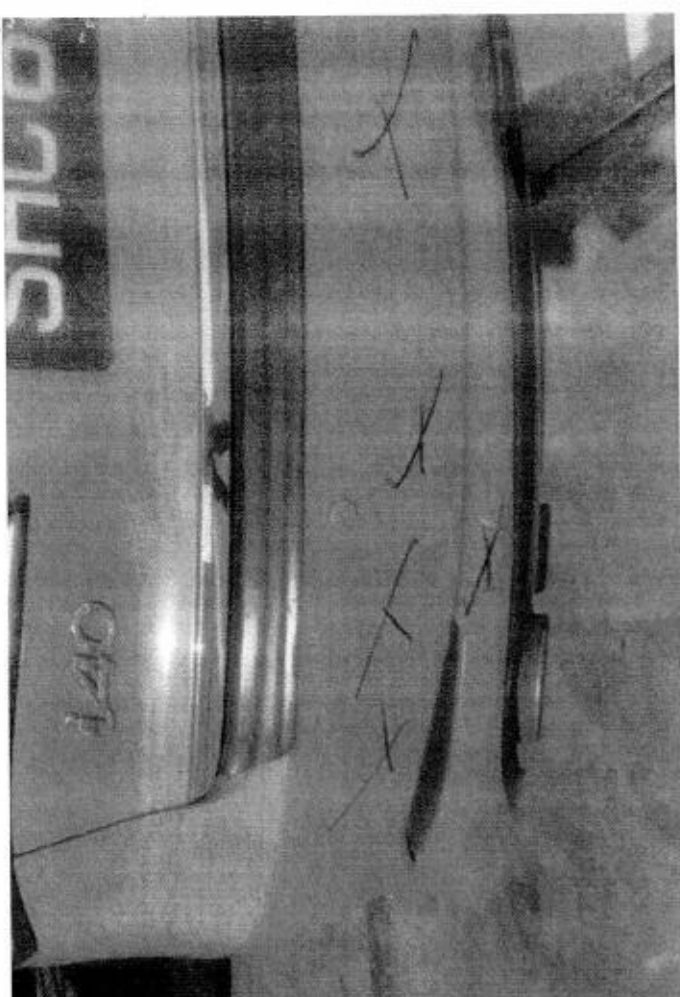
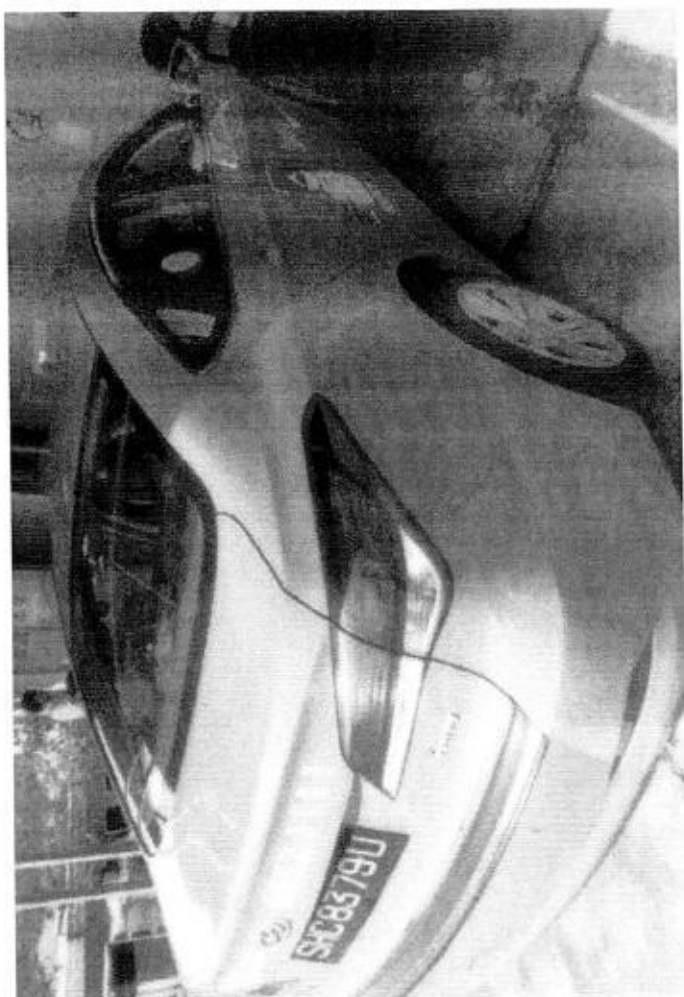
Policyholder's Signature  
Date & Time:

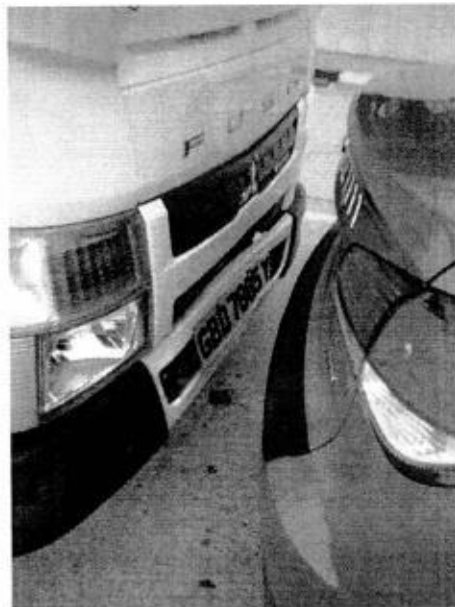
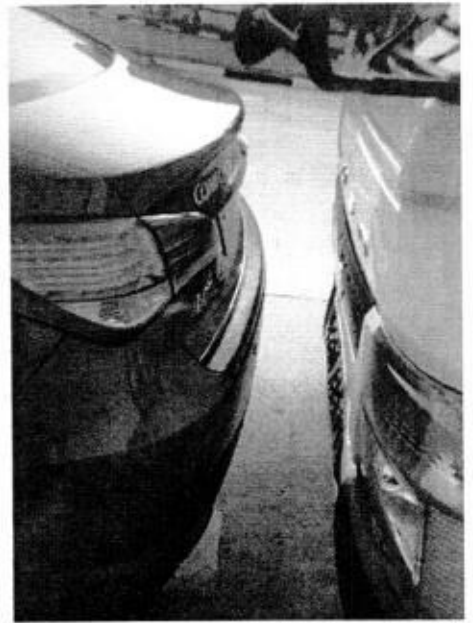
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

GANTOVC SketchPlanForm\_V2







Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO305139836

CUSTOMER

MS COMFORT TRANSPORTATION PTE LTD  
CUSTOMER NO 7010045  
ADDRESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
(R) 65508755 (O)

REGN NO:  
SHC8379U

MILEAGE

MAKE:  
HYUNDAI

FUEL

E.....1/2.....F

MODEL:  
I-40DATE/TIME IN  
09.04.2018 10:15YR OF MANU.  
28.05.2015

TARGET DATE

CHASSIS CODE  
KMHLB41UMFU069296

COMPLETION DATE/TIME:

COUNT CARD NO:

## JOB DESCRIPTION

Accident Date: 09.04.2018  
NATURE: 3P 09.04.2018

S/NO LABOR CODE DESCRIPTION

CHECKED &amp; PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC8379U LKE

Vehicle No.: SHC8379U

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 : SHC 8379M

DATE 9/4/2018 14:50

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper <i>Debond</i>			\$ 603.60	
	Rear Bumper Reinforcement <i>X sue</i>			\$ 504.35	
	Rear Bumper Reinforcement Bracket (LH/RH) <i>X sue</i>		\$ 180.00	\$ 360.00	
	Rear Bumper Side Bracket <i>X sue</i>			\$ 49.00	
	Rear Bumper Clips <i>X sue</i>			\$ 22.00	
	Rear Bumper Sponge <i>X sue</i>			\$ 143.40	
	Rear Bumper Under Cover <i>cut</i>			\$ 225.00	
	<b>SUB TOTAL</b>			<b>\$ 1,907.35</b>	
	<b>LESS 20%</b>			<b>\$ 381.47</b>	
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,525.88</b>	
	Rear Bumper Reverse Sensor <i>X sue</i>			\$ 135.70	Nett
	Rear Bumper Rubber Mat <i>cut</i>			\$ 50.00	Nett
				<b>\$ 185.70</b>	
	<b>Labour Charge</b>			<b>200</b>	
	Panel Beating			\$ <del>250.00</del>	
	Spray Painting Charge			\$ <del>250.00</del>	200
	Wiring Charge			\$ <del>50.00</del>	X 20
	R/Refix Reverse Sensor			\$ <del>120.00</del>	20
	<b>TOTAL LABOUR</b>			<b>\$ 670.00</b>	
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,381.58</b>	
<i>Kalve (U/C)</i> <i>9/4/18 1500hr</i> <i>200</i> <i>45</i> <i>After Repair photo</i>					
<div> LKK Auto Consultants hence notify the Repairer of the following: <ul style="list-style-type: none"> <li>To resurvey before/after spray painting</li> <li>To display damaged parts during resurvey</li> <li>Parts prices are subject to confirmation</li> <li>Third party survey is on a "Without Prejudice" basis</li> <li>No illegal modification is allowed</li> <li>Supplementary items must be resurveyed and is subject to final approval from Insurance Company</li> </ul> </div> <div> Acknowledged by Repairer  Signature: _____  Date: _____ </div>					
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.					



# COMFORTDELGRO ENGINEERING

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

Our Job Ref No 305139836  
Date : 10/04/18

## FINALIZATION FORM


To : LKK  
Attn : Mr KALVIN ANG  
Vehicle Reg No. SHC8379U CTPL


Fax :  
09.04.18

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

1. The repair job shall bill to: NTUC --- GBD7885Y
2. The finalized amount shall be:
  - (a) Spare Parts after List discount
  - (b) Labour Charges
  - Total for Part-By-Part Repair Cost
  - (c.) Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: 20% \$900.00  
Final Lumpsum Repair cost \$900.00
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 : Kabin  
Date : 11/4/18

### 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

Thatcham escribe

Reg. No: 52983356E GST Reg. No. 20-0405911-H



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18006542/K1vbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 13-04-2018



Code: INC4

**1. Policy Particulars :- THIRD PARTY CLAIM**

Insured Veh.	GBD 7885Y	Veh. Inspected	SHC 8379U
Policy No.	5069822809-03	Coverage (\$)	0.00
Claim No.	MT/0989630-002	Excess (\$)	0.00
Assign From		Assign Date	09/04/2018

**2. Vehicle Particulars & Condition**

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU069296	Colour	BLUE
Odometer	452574	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	WEST LAKE	7 mm
L/H Front Tyre	205/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	7 mm

**4. Description of Damages**

THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.
--

**5. General Information**

Accident Date	09/04/2018	Inspection Date	09/04/2018
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.
--

**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. SHC 8379U**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR BUMPER	DEFORMED	603.60	603.60
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	504.35	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$180.00	SERVICEABLE	360.00	-
1	REAR BUMPER SIDE BRACKET	SERVICEABLE	49.00	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	SERVICEABLE	143.40	-
1	REAR BUMPER UNDER COVER	CUT	225.00	225.00
	LESS 20% DISCOUNT		-381.47	-170.12
			1,525.88	680.48
<b>SPECIAL NETT ITEMS</b>				
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			185.70	50.00
<b>LABOUR</b>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		420.00	220.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		250.00	200.00
			670.00	420.00
<b>GRAND TOTAL</b>			<b>2,381.58</b>	<b>1,150.48</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>900.00</b>

Report Ref No. NS/INC18006542/K1vbn2

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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