ASS. REC. BY:	CS/TP18006938/KVbn2
Kennerh AS	SIGNMENT
Erom:	(1)12 (-0
Estimated Cost:	Veh No: SH12 6283 Yr Regn: 06, 14
OD TP/WS/TP RES/OD RES/EVA/INV/MY	- Taxi Prime Mover
To Inspect Vehicle No:	Truck/Trailer or
at Workshop mile	Make: Merant Corillade a.c. 1985
at Workshop m/s Cab	Colour M. White/Red AC: Insured/SID/MILMA
Insured:	Sp.Reading 734329 T/Radio: Insured / Std / NI / NA
Policy No.	Eng/No:
Claims No.	CNO: VFIAGL 15AUC 278275
S	Gen. Cond: Good / Fair / Poor / Burnt
(Client's Record)	Steering: Inorder/ Jammed / Leaked / Burnt or
Make of Veh:	Brake: Ingrder / Jammed / Leaked / Burnt or
	Modi: All S/Rim / STD A/Rim or
(Policy Condition)	Tyre Size: F: 215/60R16
Remark: The veh had commenced its N/S O/S	R:
repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
Bal. or Market Value;	TOYOTYOKO or Git
IDAC Accident Rport: Consistent? : Yes or No	Eroni Rear
GIA / PR Seen: Consistent?: Yes or No	R/Bal. 0 mm R/Bal. mm
Est. Repairs: 02 days Res.: Yes or No	D.O.A. 1/4/18 D.O.A. 1/4/18
Lum Sum: 20 % 3 Val.: Yes or No	0.0.1. 13/4/18
CA / REV / REP. / 24 HRS	Survey held at
Vahicle: IN COUT	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	anected due to collision.
Kly ic 81 Pm DO CO	
13 1000 (Neal 13)	688.04, 9579 (No Res)
- TE 638M - X	
DECEMBER 1-7	2018
RECEIVED	
Date/Time, File Pass to? Prell. Report Day	rs Of Repair: 1
11	0X0 - 120
- 1	Survey Fee: 170 † 120
Add Fee:	: Site Insp (\$)_s + Rs_si
Panad F.	: Interview (\$) Photos (1)
Report Format:	Tech Invs (\$) Others 80
Lump Sum / I.B.I: (S 900 =	Weekend (\$
	10TAL 430



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 Internation	nale Des Experts En Autom	nobile
TRANS-CAB AUTO S	SERVICES PTE LTD	Ref : CS/TP1800693	8/Kvb
NO.2 ANG MO KIO S	TREET 63SINGAPORE 569111	Date: 16-04-2018 Code: TP378	
1.	Policy Particulars	:- THIRD PARTY CLA	M
Insured Veh.		Veh. Inspected	SHF 628M
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	13/04/2018
2.	Vehicle Partie	culars & Condition	
Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	#0 ■	Steering	
Brakes		Modification	
General			
3.	Conditi	ions of Tyres	311 (2011年)
	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre	!		mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm
4.	Descripti	on of Damages	
5.	Genera	Il Information	
Accident Date	01/04/2018	Inspection Date	13/04/2018
Survey held a	t TRANS-CAB AUTO SERVICES	PTE LTD	
	NO.2 ANG MO KIO ST 63 SINGAPORE 569111		
5a.	R	emarks	

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

ehicle Owner Particulars	Company
wner ID Type:	3878K
wner ID: ehicle Details	507010
ehicle No.:	SHF628M
	Yes
ehicle to be Exported:	02 Apr 2018
tended De-registration Date: ehicle Make:	RENAULT
	LATITUDE 2.0L DCI AUTO D/AB 4DR
ehicle Model:	Red
imary Colour:	2014
anufacturing Year:	M9R8839C001593
ngine No.:	VF1ABL15AUC278275
hassis No.:	127.0 kW (170 bhp)
laximum Power Output:	\$19,998.00
pen Market Value:	27 Jun 2014
original Registration Date:	27 Jun 2014
irst Registration Date:	7,000,000
ransfer Count:	0
ctual ARF Paid:	\$12,498.00
ntended PARF Rebate Details	Yes
ARF Eligibility:	26 Jun 2022
ARF Eligibility Expiry Date:	\$9.373.00
ARF Rebate Amount:	\$4,373.00
ntended COE Rebate Details	26 Jun 2022
COE Expiry Date:	A - Car up to 1600cc & 97kW (130bhp)
COE Category:	8
COE Period(Years):	\$57.338.00
PQP Paid:	****
OE Rebate Amount:	\$30,341.00
Fotal Rebate Amount:	\$39,714.00

The information contained herein is correct as at 02 Apr 2018

reaches its statutory lifespan (if applicable), whichever is earlier.

OK

MTCS18044023 / Trans-Cab Services Pte Ltd - HQ ENTRY DATE & TIME: 02/04/2018 18:34 SUBMITTED BY, Er Wei Chang Calvin

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 03/04/2018 18:22

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 witholding of material facts may allow insurance companies to
- 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.

- 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

02/04/2018 18:34

Date Of Accident

01/04/2018 08:50

Exact Location Of Accident

JURONG EAST MRT TAXI STAND

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHF628M

Insured/Policyholder

Country/State of Loss

Name Of Registered Owner

TRANS-CAB SERVICES PTE LTD

200303878K

Co Reg No Email Address

CLAIMS@TRANSCAB.COM.SG

Mobile Phone No

Alternative Phone No

OFFICE-62876666

Vehicle Particulars

Manufacturer

RENAULT

Model

LATITUDE-2.0 L (A)

Exact Purpose for which vehicle was being used at

time of accident

HIRE AND REWARD

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY

If No, Please state action to be taken

TAXI

Vehicle Category

Insurance Company Name of Insurance Company

AXA INSURANCE PTE LTD

THIRD PARTY

Type Of Coverage Fleet Policy

YES

Policy Number

VPX/P1680520

Cover Note Number

Driver

NG ENG LEE

Name of Driver NRIC No

S1805023D

Date Of Birth

31/01/1967 OUTDOOR

Occupation Date Of Driving Pass

23/10/1987

Driving Experience

30 YEARS AND 5 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-96223131

Fax Number

Contact Number

EMail Address

NOEMAIL

Address BLK 587 WOODLANDS DRIVE 16

#07-64

Postcode 730587

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 - OPENING DOOR OF VEHICLE

Weather Conditions CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NC

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

: UNKNOWN

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

NO

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

ON 01.04.2018 AT AROUND 0851HRS, I WAS TRAVELLING STRAIGHT TOWARDS JURONG EAST MRT TAXI STAND. I WAS PICKING UP A PASSENGER. AS I WAS DRIVING OFF, VEHICLE B (SHB1005A) WHICH WAS STATIONARY ON MY RIGHT. HIS PASSENGER OPEN LEFT PASSENGER DOOR AND HIT ONTO MY TAXI RIGHT SIDE FRONT PORTION.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHB1005A

Vehicle Make/Model/Colour

SMRT TAXI

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)

Sketch Plan Pg. 1

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.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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)

Lunderstand, 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:
 - 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:

Colvin

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2 Pg. 1 DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please to GIA Report	
	<u> </u>
V- /	
	¥0

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:

GLARMC SketchPlanForm_V3

(duin

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Trans-cab Auto Services Pte Ltd

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No.: 6287 6666

Fax No.: 6257 1330

CO./GST Reg. No. 201019626G

Vehicle No.:

Chassis No.:

Vehicle Make: Vehicle Model:

Date of Accident :

Third Party Insurer:

SHF 628M

Not Northerike LISmy & Good

SHF 628M

VF1ABL15AUC278275

RENAULT

LATITUDE

1.4.2018

SMY2-T

PART

LIST

1	DOOR PANEL FRT RH		\$ N 2,844.66
1	DOOR HINGE UPPER RH		\$ M 261.28
1	DOOR HINGE LOWER RH		\$ N 300.55
1	DOOR CHECK FRT RH		\$ 5× 194.77
1	DOOR CHECK BOLT		\$ In 22.69
1	DOOR LOCK FRT RH		\$ 908.75
1	DOOR CATCH FRT RH		\$ N 131.23
1	DOOR HANDLE OUTER FRT RH		\$ Sh 477.76 1
1	DOOR HANDLE COVER FRT RH		\$ √m 13.22
1	DOOR HANDLE MODULE FRT RH		\$ 133.60
1	DOOR REGULATOR FRT RH		\$ √S 505.19
1	DOOR REGUALTOR MOTOR FRT RH		\$ 5 796.46
1	DOOR REGULATOR GUIDE FRT RH		\$ √h 120.97
1	DOOR PANEL REAR RH		\$ N 2,844.66
1	DOOR GUIDE REAR RH		\$ ∫ _{176.82}
1	DOOR HINGE UPPER RH		\$ R 274.50
1	DOOR HINGE LOWER RH		\$ N 300.55
1	DOOR CHECK REAR LH/RH L70Y		\$ مر 203.06
1	DOOR LOCK REAR RH		\$ N 908.75
1	DOOR MIRROR ASSY RH		\$ 1,483.40
	150 feech RIT		By 783.8.
			\$ 12,902.88
		10%	\$ 1,290.29
			\$ 11,612.59

Specical Nett

1	FRONT DOOR STICKER 'Trans-cab'	\$ nn 80.00 X
1	FRONT DOOR STICKER 'Chassis'	\$ nn 50.00 X

AAD1804-025

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No.: 6287 6666 Fax No.: 6257 1330

CO./GST Reg. No. 201019626G

SHF 628M

TOTAL	\$	130.00
TOTAL PARTS	\$	11,742.59
LABOUR		
Panel beating, knocking and straightening the		
necessary portion, remove and renewal of parts, adjust		2001
and realign the same	\$	2,450.00
		2201
Putty and spray painting of the affected portion.	\$	2,200.00
To rust-proofing of the affected areas.	\$	170.00 34
To remove and refit interior fittings, trimings, garnish,		
fittings and other, to enable repair.	\$	~~ 380.00 X
To check steering geometry and computer wheel		
alignment	\$	220.00 X
To transfer of tire, rim and on wheel balancing.	\$	~~ 170.00 X
To Check Electrical Lighting Concerned.	\$	√~ 170.00 X
To transfer of front fender fittings, attachment and		
perform water seepage test.	\$	~~ 380.00 X
TOTAL	\$	6,140.00
Over All Total	¢	17,882.59
Over All Total	-	17,882.59 18,588.04 2 Jay,
the Repairer of the following:	7	70AYS 18,388.04
To read very bendrevaller spray painting		2 da
To display damaged part(s) during resurvey		55-41
Parts prices are subject to confirmation Third party survey is on a "Without Prejudice" basis	1	
No illegal modification(s) is allowed Supplementary item(s) must be resurveyed and is subject to fine.	1	
is subject to final approval from Insurance Company	1	
	1	

Acknowledged by Remains

Signature: Date:



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 Internat	ionale Des Experts En Automo	bile
RANS-CAB AUTO SE	RVICES PTE LTD	Ref : CS/TP18006938	/Kvbn2
NO.2 ANG MO KIO ST	REET 63SINGAPORE 56911	1 Date: 18-04-2018 Code: TP378	
	Policy Particular	s :- THIRD PARTY CLAIM	4
Insured Veh.		Veh. Inspected	SHF 628M
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	13/04/2018
	Vehicle Par	ticulars & Condition	
Make & Model	RENAULT LATITUDE (A)	c.c	1995
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	VF1ABL15AUC278275	Colour	METALLIC WHITE / RED
Odometer	734329	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		
3.	Cond	itions of Tyres	
	Size	Make	Balance
R/H Front Tyre	215/60 R16	GITI	8 mm
L/H Front Tyre	215/60 R16	GITI	8 mm
R/H Rear Tyre	215/60 R16	GITI	6 mm
L/H Rear Tyre	215/60 R16	GITI	6 mm
		tion of Damages	
THE VEHICLE SU	STAINED DAMAGES AT THE C DETAILS.	O/S FRONT PORTION.	
5.	Gene	ral Information	
Accident Date	01/04/2018	Inspection Date	13/04/2018
Survey held at	TRANS-CAB AUTO SERVICE	S PTE LTD	
1	NO.2 ANG MO KIO ST 63 SINGAPORE 569111		
5a.		Remarks	
A)THE INSPECTI B)IN ACCORDAN	ON WAS CONDUCTED ON A"V CE TO YOUR INSTRUCTIONS,	VITHOUT PREJUDICE" BAS WE HAVE NOT AUTHORIS	SED REPAIRS.
5b.	Estima	te Days of Repair	
ESTIMATED NOF	RMAL PERIOD FOR REPAIR:	2 Working Day	rs .



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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHF 628M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	DOOR PANEL FRT RH	TO REPAIR SEE LABOUR	2,844.66	
1	DOOR HINGE UPPER RH	TO REPAIR SEE LABOUR	261.28	
1	DOOR HINGE LOWER RH	TO REPAIR SEE LABOUR	300.55	
1	DOOR CHECK FRT RH	SERVICEABLE	194.77	
1	DOOR CHECK BOLT	SERVICEABLE	22.69	
1	DOOR LOCK FRT RH	TO REPAIR SEE LABOUR	908.75	
1	DOOR CATCH FRT RH	TO REPAIR SEE LABOUR	131.23	
1	DOOR HANDLE OUTER FRT RH	SERVICEABLE	477.76	
1	DOOR HANDLE COVER FRT RH	SERVICEABLE	13.22	
1	DOOR HANDLE MODULE FRT RH	SERVICEABLE	133.60	
1	DOOR REGULATOR FRT RH	SERVICEABLE	505.19	
1	DOOR REGULATOR MOTOR FRT RH	SERVICEABLE	796.46	
1	DOOR REGULATOR GUIDE FRT RH	SERVICEABLE	120.97	
1	DOOR PANEL REAR RH	TO REPAIR SEE LABOUR	2,844.66	
1	DOOR GUIDE REAR RH	SERVICEABLE	176.82	
1	DOOR HINGE UPPER RH	TO REPAIR SEE	274.50	
1	DOOR HINGE LOWER RH	TO REPAIR SEE LABOUR	300.55	
1	DOOR CHECK REAR LH/RH L70Y	SERVICEABLE	203.06	8
1	DOOR LOCK REAR RH	TO REPAIR SEE LABOUR	908.75	i
1	DOOR MIRROR ASSY RH	SERVICEABLE	1,483.40)
1	FRT FENDER RH	BENT	783.83	783.83
	LESS 10% DISCOUNT		-1,368.66	-78.3
			12,318.04	705.4
	SPECIAL NETT ITEMS			
1	FRONT DOOR STICKER "TRANS-CAB" (SN)	NOT NECESSARY	80.00	
	FRONT DOOR STICKER "CHASSIS" (SN)	NOT NECESSARY	50.00	
	The section of the se	AND	130.00	

Report Ref No. CS/TP18006938/Kvbn2



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.: 2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR			
	PANEL BEATING, KNOCKING AND STRAIGHTENING THE NECESSARY PORTION, REMOVE AND RENEWAL OF PARTS, ADJUST AND REALIGN THE SAME. INCLUSIVE OF THE REPAIR OF DOOR PANEL FRT RH, DOOR HINGE UPPER RH, DOOR HINGE LOWER RH, DOOR LOCK FRT RH, DOOR CATCH FRT RH, DOOR PANEL REAR RH, DOOR HINGE UPPER RH, DOOR HINGE LOWER RH AND DOOR LOCK REAR RH.		2,450.00	200.00
	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION.		2,200.00	220.00
	TO RUST-PROOFING OF THE AFFECTED AREAS.		170.00	30.00
	TO REMOVE AND REFIT INTERIOR FITTINGS,TRIMINGS,GARNISH, FITTINGS AND OTHER,TO ENABLE REPAIR.	NOT NECESSARY	380.00	
	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT.	NOT NECESSARY	220.00	-
	TO TRANSFER OF TIRE,RIM AND ON WHEEL BALANCING.	NOT NECESSARY	170.00	-
	TO CHECK ELECTRICAL LIGHTING CONCERNED.	NOT NECESSARY	170.00	-
	TO TRANSFER OF FRONT FENDER FITTINGS,ATTACHMENT AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	380.00	
			6,140.00	450.00
	GRAND TOTAL		18,588.04	1,155.45
1000	RECOMMENDED COST OF LUMP SUM REPAIRS			900.00

RECOMMENDED COST OF LUMP SUM REPAIRS	900.00
(TO ITS PRE-ACCIDENT CONDITION)	

Report Ref No. CS/TP18006938/Kvbn2

KONG SENG CHEONG

Licensed Appraiser