

08/11/13

Sine: Mr. Kelvin

REF:

NS/INC18007806/1411/02

✓

ASSIGNMENT

From: _____ Date: _____

Estimated Cost

OD/TP INS/TP RES/OD RES/EVA/INV/MV

To Insp Vehicle No: _____

at Works stop nbs

of _____

Insured: SJL 3515 E

Policy No 5087588097 -01 300917

Claims No MT/0992344 -001

Sum Ins Und: _____ 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 69975

Yr Regt:

3 Sep 2015

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

Truck / Trailer or

Make:

Hyundai 2.0

c.c.

1600

Colour:

Blk

A/C:

Insured / Std / NI / NA

Sp. Reading

348122

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KMHL041444077223

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:

205/60R16

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Wg/Lm

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

26/4/8

D.O.I.

27/4/8

Survey held at

CDGE (Loyang)

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

o/s Front.

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SH 69975 - 03/10/17021906/mib302
	SJL 3515 E - x
30/4/8	Chassis 45 \$ 2100/ 2175. Red: \$ 2120, 48, 501.

RECEIVED 02 APR 2010

Date/Time, File Pass b?



: Prel. Report

1) typist



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

160

35

195

Date/Time, File Return to?

L/S: \$2100



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/INC18007806/K1rb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 27-04-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJL 3515E	Veh. Inspected	SH 6997S
Policy No.	5087588097-01	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	27/04/2018

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

--

5. General Information

Accident Date	26/04/2018	Inspection Date	27/04/2018
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.
--

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 checked="" type="radio"/>	5087588097-01	LUMENS AUTO PTE LTD	201426961K	GFT	Third Party	SJL3515E	SJL3515E	30/09/2017	

TP Claims against NTUC Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident
1	MT/0992340-001	Comfort Transportation	SHA 5617M	EM 3928B	26/4/2018
2	MT/0992344-001	Comfort Transportation	SH 6997S	SJL 3515E	26/4/2018
3	MT/0986118-002	SMRT BUSES LTD	SMB 148T	SJM 5462E	12/3/2018
4	MT/0991797-002	CityCab	SHC 7718G	XD 8343C	24/4/2018
5	MT/0986118-002	SMRT BUSES LTD	SMB 148T	SJM 5462E	12/3/2018
6	MT/0992112-002	Comfort Transportation	SH8003Y	FBK 528M	26/4/2018
7	MT/0992351-001	Comfort Transportation	SH 6751J	GY 4005X	23/4/2018

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	26/04/2018 14:20
Date Of Accident	26/04/2018 09:45
Exact Location Of Accident	DAWSON RD TWDS KAY SIANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6997S
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	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	LEE KOK WHU
NRIC No	S6900110F
Date Of Birth	08/01/1969
Occupation	OUTDOOR
Date Of Driving Pass	16/06/1986
Driving Experience	31 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	JAMES_LKW@HOTMAIL.COM

Address	311C #11-189 CLEMENTI AVENUE 4
Postcode	123311
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	RAINING
Road Surface	WET

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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	QUEENSTOWN NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE POLICE REPORT.

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	SJL3515E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	NOT SURE
No. Of Passenger (Including Driver)	

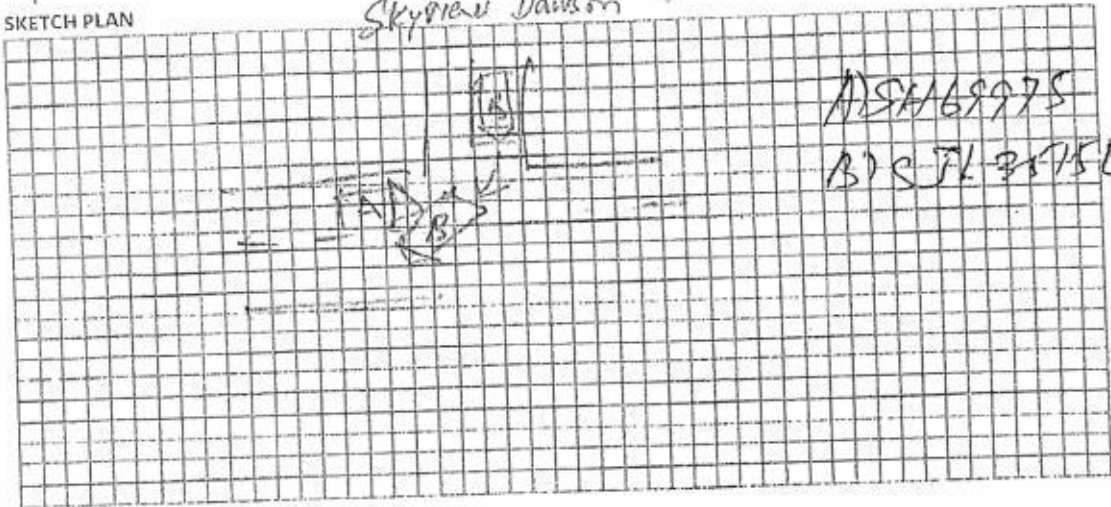
DETAILS OF INJURED PERSON 1

Name	LEE KOK WHU
Approximate Age	49
Injuries Sustain	NECK,BACK,RHT SHOULDER
Injured person in which vehicle?	SH6997S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN

Skypview Dawson



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report

2/2018 0426/2039

DECLARATION

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

COMFORT TRANSPORTATION P/L
CC REG NO 199393821R

Policyholder's Signature

Driver's Signature

Reporting Centre Personnel's Signature

Sketch Plan Pg. 2



**SINGAPORE
POLICE FORCE**



T/20180426/2039

1 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20180426/2039

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/04/2018 10:58		Vide Report No.:		Station Diary No.: 26	
Informant's Particulars					
Name of Informant: LEE KOK WHU			Address: APT BLK 311C CLEMENTI AVENUE 4 #11-189 SINGAPORE 123311		
ID Type / ID No.: NRIC NO / S6900110F			Contact No.: Home/Office: Mobile: 97368265		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 08/01/1969	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 26/04/2018 09:45	Type of Location: Straight Road
Location: Along Road 1 DAWSON ROAD exit turning out from Blk 85 Skyville @ Dawson				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH6997S	TAXI	HYUNDAI	I40	Blue	Seriously Damaged	0
SJL3515E	Car	TOYOTA	ALTIS			0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180426/2039

2 of 3

Police Station Of Origin:

Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

Report No. T/20180426/2039

CONTINUATION OF REPORT

Driver			
Name	LEE KOK WHU	ID No.	S6900110F
Related Vehicle	SH6997S (TAXI)	Contact No.	97368265
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On the 26/04/2018 @ 0945hrs at a/m location, I was driving the said taxi, and I spotted the said vehicle suddenly turned out from the housing estate, towards the right side of the road, without seeing my vehicle was travelling towards the said location, thus caused me to brake hard to avoid collision. Due to the sudden turn of this vehicle, I was not able to stop on time, thus collided onto the right rear of the vehicle. My taxi damage was crack on the front right head light, and damage to the front right bumper, and the front right side of the body just below the right side of the tyre was dented inwards and causing difficulties for my right side door opening. After this collision, I wanted to stop at the side of the road to approach the other party, and instead this driver drove off without stopping at all. I tried to horn him to ask him to stop but he already drove off. I have in- build camera but was not able to capture the registration plate of this said vehicle, however, I did saw the number plate of this said vehicle that was involved in the accident. Due to the impact of the accident, I am now having pain on my right shoulder and the back of my neck and lower part of my back.



**SINGAPORE
POLICE FORCE**



T/20180426/2039

3 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20180426/2039

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 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
D /
Staff Sgt YIP KUM HOONG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
26/04/2018 10:58

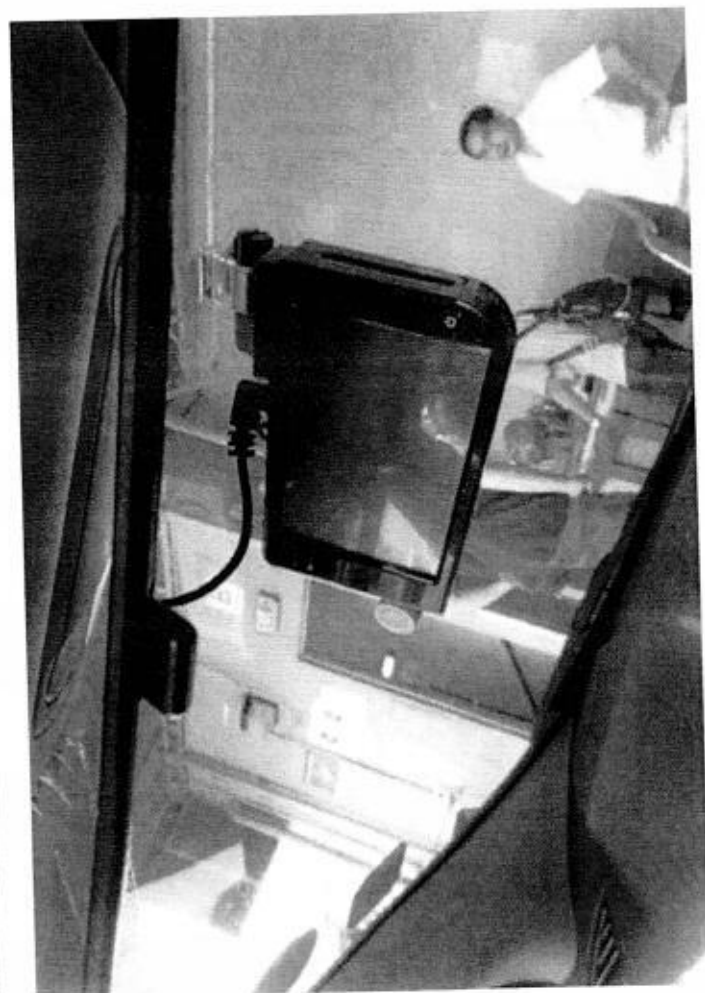
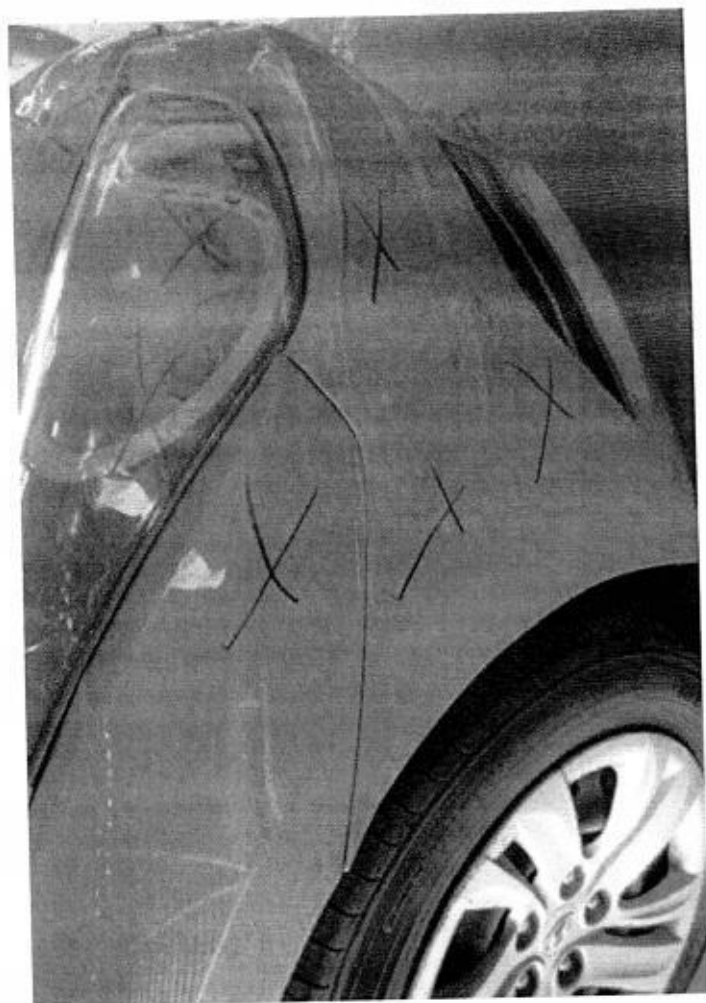
Officer In Charge Of Case:
TP / HRT /
SI TAN LEE HWANG DAWN
Contact No.: 65476215

Classification Of Case:



SINGAPORE
POLICE AUTHENTICATION STAMP
NP168

SN 46



member of COMFORTDELGRO

Date/Time: 26.04.2018 15:15

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC No305153714

TOMER

REGN NO:
SH 6997S

MILEAGE

VS COMFORT TRANSPORTATION PTE LTD

MAKE:
HYUNDAI

FUEL

TOMER NO 7010045

MODEL
I-40

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

RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

DATE/TIME IN
26.04.2018 12:00

(R) 65508755

YR OF MANU.
03.09.2015

TARGET DATE

(P)

NTUC

CHASSIS CODE
KMHLB41UMGU077223

COMPLETION DATE/TIME:

OUNT CARD NO.

JOB DESCRIPTION

ccident Date: 26.04.2018
 ATURE: 3P 26.04.2018

/NO	LABOR CODE	DESCRIPTION
-----	------------	-------------

ICKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wledgement Slip

Exit Pass

Vehicle No.: SH 6997S

LKE

Vehicle No.: SH 6997S

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 6997S

DATE 26/4/2018 15:49

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover <i>cut</i>			\$ 562.50 <i>1052-20</i>
	Front Bumper Sponge <i>Xue</i>			\$ 142.20
	Front Bumper Reinforcement <i>Xue</i>			\$ 526.10
	Front Bumper Grille (RH) <i>Xue</i>			\$ 40.30
	Front Bumper Bracket Top (RH) <i>Xue</i>			\$ 22.40
	Front Bumper Side Bracket <i>Xue</i>			\$ 14.30
	Headlamp Support Panel Assy <i>Xue</i>			\$ 1,067.50
	Headlamp (RH) <i>— cra</i>			\$ 1,388.00
	SUB TOTAL			\$ 3,763.10
	LESS 20%			\$ 752.62
	DISCOUNTED TOTAL			\$ 3,010.48
	Labour Charge			
	Panel Beating			\$ 560.00 <i>300</i>
	Spray Painting Charge			\$ 400.00 <i>360</i>
	Wiring Charge			\$ 50.00 <i>20</i>
	Tuff Kote			\$ 50.00 <i>X 74</i>
	Remove/Refix Aircon & Refill Gas			\$ 150.00 <i>X 74</i>
	TOTAL LABOUR			\$ 1,210.00
	ESTIMATE TOTAL			\$ 4,220.48
				<i>4612.40</i>

*Kahr' (11/11/11)**27/4/18 1035h**2 Rep.**4/5**Ahmed Razi pte*

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from 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.

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305153714
Date : 28/04/18

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

FINALIZATION FORM

To : LKK
Attn : Mr KALVIN ANG
Vehicle Reg No. : SH6997S CTPL

Fax :

26.04.18

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

1. The repair job shall bill to: NTUC -- SJL3515E
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% \$2,100.00
Final Lumpsum Repair cost \$2,100.00

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 : KALVIN ANG

Date : 30/4/18

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

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



Thatcham escribe

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18007806/K1rbn2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 08-05-2018	
Code: INC4			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SJL 3515E	Veh. Inspected	SH 6997S
Policy No.	5087588097-01	Coverage (\$)	0.00
Claim No.	MT/0992344-001	Excess (\$)	0.00
Assign From		Assign Date	27/04/2018
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU077223	Colour	BLUE
Odometer	348122	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 O/S FRONT PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	26/04/2018	Inspection Date	27/04/2018
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	



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 6997S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT BUMPER COVER	CUT	1,052.20	1,052.20
1	FRONT BUMPER SPONGE	SERVICEABLE	142.20	-
1	FRONT BUMPER REINFORCEMENT	SERVICEABLE	526.10	-
1	FRONT BUMPER GRILLE (RH)	SERVICEABLE	40.30	-
1	FRONT BUMPER BRACKET TOP (RH)	SERVICEABLE	22.40	-
1	FRONT BUMPER SIDE BRACKET	SERVICEABLE	14.30	-
1	HEADLAMP SUPPORT PANEL ASSY	SERVICEABLE	1,067.50	-
1	HEADLAMP (RH)	CRACKED	1,388.00	1,388.00
	LESS 20% DISCOUNT		-850.60	-488.04
			3,402.40	1,952.16
	LABOUR			
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		760.00	320.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		450.00	360.00
			1,210.00	680.00
	GRAND TOTAL		4,612.40	2,632.16
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			2,100.00

Report Ref No. NS/INC18007806/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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