



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/INC18010227/K1rb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 05-06-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJA 2496R	Veh. Inspected	SHA 3514P
Policy No.	5096198216	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	05/06/2018

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	04/06/2018	Inspection Date	05/06/2018
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

General Claim

Hello, NAC_PAYA_UBI_800601

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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"/>	S096198216	SONG TAO	G6377331Q	GPC	driva CLASSIC	SJA2496R	SJA2496R	27/11/2017	29/11/2018

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	Estimate	Tentative repair cost
1	MT/0997402-002	COMFORT TRANSPORTATION PTE LTD	SHA 3102U	SIK 4437X	03/06/2018	\$ 2,431.58	\$ 450.00
2	MT/0996966-002	CITYCAB PTE LTD	SHA 8202G	SIF 5615T	01/06/2018	\$ 2,077.44	\$ 1,100.00
3	MT/0997824-001	CITYCAB PTE LTD	SHA 811B	SLH 5573X	30/05/2018	\$ 3,265.96	\$ 2,850.00
4	MT/0994720-002	SMRT TAXI PTE LTD	SHB 5571E	GU 5967J	15/05/2018	\$ 6,170.40	\$ 2,240.23
5	MT/0992549-002	SMRT TAXI PTE LTD	SHF 441J	SHB 8401T	01/05/2018	\$ 26,621.94	\$ 8,100.00
6	MT/0994278-002	SMRT TAXI PTE LTD	SHC 4212T	XE 5658	13/05/2018	\$ 21,016.42	\$ 4,600.00
7	MT/0997827-001	SMRT TAXI PTE LTD	SHC 4382K	SKT 1790K	19/05/2018	\$ 1,449.70	\$ 300.00
8	MT/0994682-002	SMRT TAXI PTE LTD	SHC 4536J	GBD 5726L	14/05/2018	\$ 5,555.30	\$ 950.00
9	MT/0997288-002	COMFORT TRANSPORTATION PTE LTD	SHD 3230S	SIN 6185T	02/06/2018	\$ 2,736.58	\$ 1,302.98
10	MT/0997833-001	COMFORT TRANSPORTATION PTE LTD	SHC 1781L	SJT 1714T	03/06/2018	\$ 5,712.98	\$ 2,300.00
11	MT/0997524-002	COMFORT TRANSPORTATION PTE LTD	SHA 3460K	GBG 4353U	05/06/2018	\$ 2,752.02	\$ 900.00
12	MT/0997717-002	COMFORT TRANSPORTATION PTE LTD	SHC 2931P	GBC 3789Z	05/06/2018	\$ 2,751.20	\$ 1,250.00
13	MT/0996973-002	COMFORT TRANSPORTATION PTE LTD	SHA 3075P	FBE 3401G	01/06/2018	\$ 1,087.44	\$ 508.00
14	MT/0997835-001	COMFORT TRANSPORTATION PTE LTD	SHA 3514P	SJA 2496R	04/06/2018	\$ 2,836.58	\$ 800.00

Claim received from LKK Auto

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	04/06/2018 14:31
Date Of Accident	04/06/2018 10:00
Exact Location Of Accident	PIE EXIT TO PAYA LEBAR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA3514P
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	MCOM0015
Cover Note Number	

Driver

Name of Driver	CHAN MENG WEE (ZENG MINGWEI)
NRIC No	S7323024A
Date Of Birth	23/06/1973
Occupation	OUTDOOR
Date Of Driving Pass	15/06/1995
Driving Experience	22 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84184662
Fax Number	
Contact Number	
Email Address	ASL231826@YAHOO.COM.SG

Address	BLK 133 EDGEDALE PLAINS #08-44
Postcode	820133
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	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)	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

REFER ATTACHED

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	SJA2496R
Vehicle Make/Model/Colour	MITSUBISHI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SONG TAO
NRIC/Passport Number	G6377331Q
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	CHAN MENG WEE (ZENG MINGWEI)
Approximate Age	
Injuries Sustain	STIFF NECK
Injured person in which vehicle?	SHA3514P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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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. 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.:

SKETCH-PLAN

As per attached

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On. 4/6/18 at about 10:00 hrs, ~~the~~
I was driving on PIE exit way to Paya Lebar Road.

My taxi was slow moving due to heavy traffic volume. Shortly after I felt an impact from my behind followed a jerk, a car SJA2496R collided onto the rear portion of my taxi.

01 male passenger on board my taxi.
No injury at the point of accident. However, ~~the~~ my neck felt stiff will consult doctor later on.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

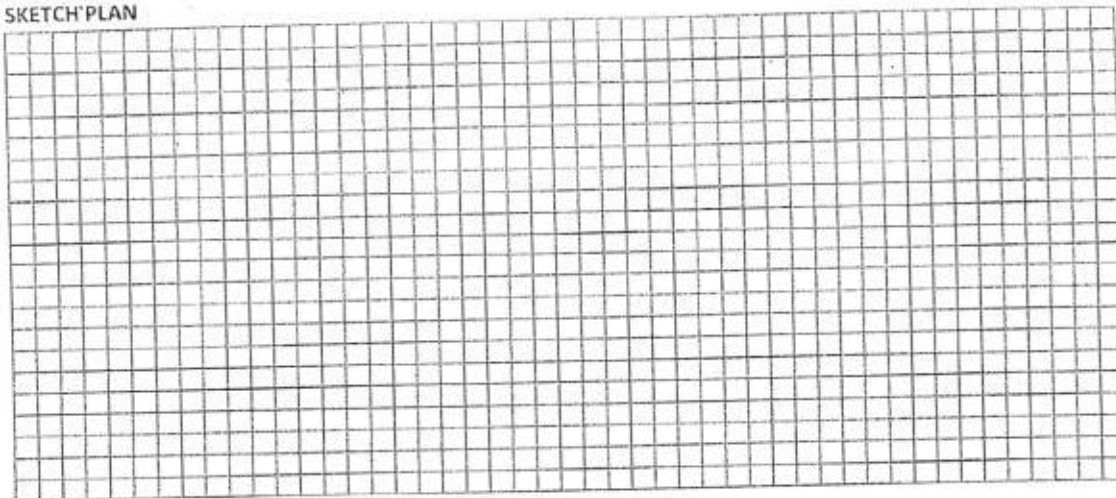
Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 3

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten sketch of an accident scene on a grid background. The sketch shows a road layout with arrows indicating directions. A vehicle labeled 'A' is at the bottom center, and a vehicle labeled 'B' is to its right. A vehicle labeled 'C' is further right. A vehicle labeled 'D' is at the top right. A vehicle labeled 'E' is at the bottom left. A vehicle labeled 'F' is at the bottom center. A vehicle labeled 'G' is at the bottom right. A vehicle labeled 'H' is at the bottom right. A vehicle labeled 'I' is at the bottom right. A vehicle labeled 'J' is at the bottom right. A vehicle labeled 'K' is at the bottom right. A vehicle labeled 'L' is at the bottom right. A vehicle labeled 'M' is at the bottom right. A vehicle labeled 'N' is at the bottom right. A vehicle labeled 'O' is at the bottom right. A vehicle labeled 'P' is at the bottom right. A vehicle labeled 'Q' is at the bottom right. A vehicle labeled 'R' is at the bottom right. A vehicle labeled 'S' is at the bottom right. A vehicle labeled 'T' is at the bottom right. A vehicle labeled 'U' is at the bottom right. A vehicle labeled 'V' is at the bottom right. A vehicle labeled 'W' is at the bottom right. A vehicle labeled 'X' is at the bottom right. A vehicle labeled 'Y' is at the bottom right. A vehicle labeled 'Z' is at the bottom right.

Paya Lebar

A: SHA 3514P.

B: SJA 2496R

Song Tao

III 6377331Q

H

A

DECLARATION

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

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

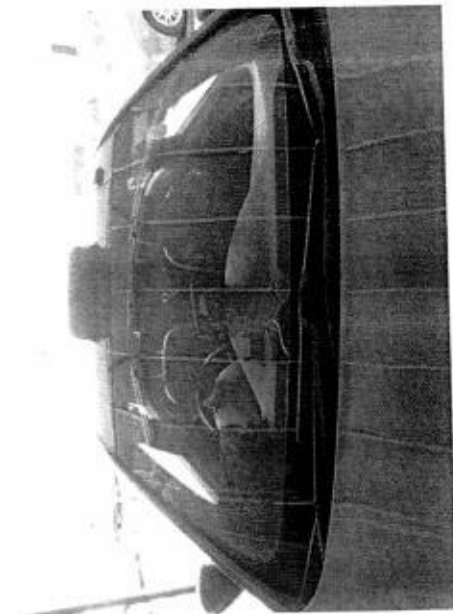
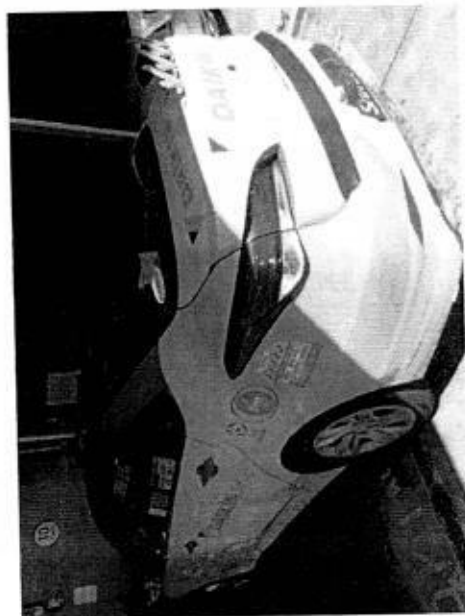
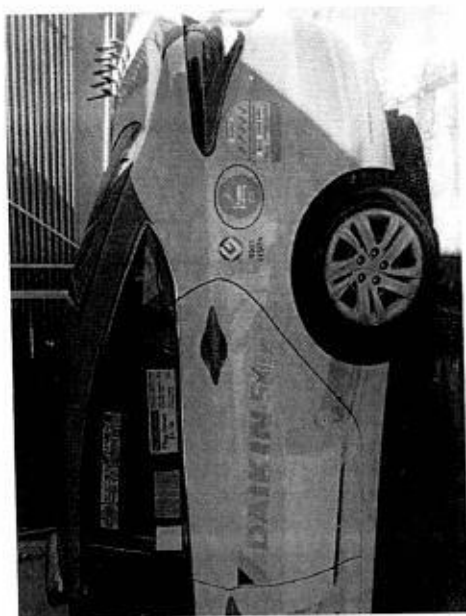
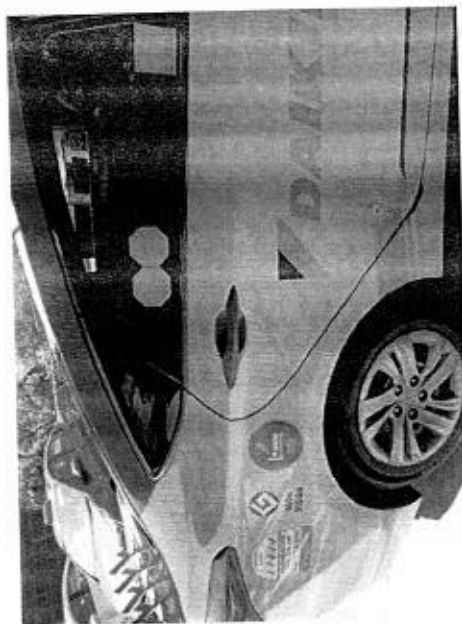
Policyholder's Signature
Date & Time:

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

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

GIARMC SketchPlanForm_V3

2



Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 3829266

JC NO305169365

TOMER

REGN NO.:

SHA3514P

MILEAGE

MS

COMFORT TRANSPORTATION PTE LTD

MAKE:

HYUNDAI

FUEL

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

TOMER NO.

7010045

MODEL

I-40

DATE/TIME IN

04.06.2018 11:00

RESS

383 SIN MING DRIVE
Singapore SINGAPORE 575717

YR OF MANU.

29.10.2015

TARGET DATE

(R)

65508755

(O)

(P)

CHASSIS CODE

KMHLB41UMGU079847

COMPLETION DATE/TIME:

COUNT CARD NO.

JOB DESCRIPTION

NTUC

ccident Date: 04.06.2018

ATURE: 3P 04.06.18/B

/NO

LABOR CODE

DESCRIPTION

CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wledge Slip

Exit Pass

3 No.:

SHA3514P

FZ NTUC LKK

Vehicle No.:

SHA3514P

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 : SHA 3514P

DATE 4/6/2018 15:27

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>X repair</i>			\$ 603.60
	Rear Bumper Reinforcement <i>X</i>			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH) <i>X</i>		\$ 180.00	\$ 360.00
	Rear Bumper Side Bracket <i>X</i>			\$ 49.00
	Rear Bumper Clips <i>X</i>			\$ 22.00
	Rear Bumper Sponge <i>X</i>			\$ 143.40
	Rear Bumper Under Cover <i>—</i>			\$ 225.00
	License Lamp Cover <i>—</i>			\$ 100.00
	SUB TOTAL			\$ 2,007.35
	LESS 20%			\$ 401.47
	DISCOUNTED TOTAL			\$ 1,605.88
	Rear Bumper Reverse Sensor <i>X</i>			\$ 135.70
	Rear No. Plate <i>—</i>			\$ 25.00
	Rear Bumper Rubber Mat <i>—</i>			\$ 50.00
	Rear Bumper Advertisement Logo <i>—</i>			\$ 50.00
	Rear Fender Advertisement Logo (LH/RH) <i>—</i>		\$ 100.00	\$ 200.00
				\$ 460.70
	Labour Charge			
	Panel Beating			\$ 350.00
	Spray Painting Charge			\$ 250.00
	Wiring Charge			\$ 50.00
	R/Refix Reverse Sensor			\$ 120.00
	TOTAL LABOUR			\$ 770.00
	ESTIMATE TOTAL			\$ 2,836.58

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts during resurvey
- Parts prices are subject to "No Prejudice" basis
- Third party survey is not allowed
- No illegal modification allowed
- Supplementary items must be surveyed and approved by the 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 : 305169365
Date : 06.06.2018

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SHA3514P

Fax :

Date of Accident : 04.06.2018

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

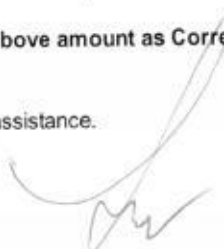
1. The repair job shall bill to: NTUC — SJA2496R
2. The finalized amount shall be:
- | | |
|--|-----------------|
| (a) Spare Parts after List discount | <u>\$0.00</u> |
| (b) Labour Charges | <u>\$0.00</u> |
| Total for Part-By-Part Repair Cost | <u>\$0.00</u> |
| (c.) Lumpsum Repair (if applicable) | |
| Total for Lumpsum repair cost after Less: <u>20%</u> | <u>\$800.00</u> |
| Final Lumpsum Repair cost | <u>\$800.00</u> |

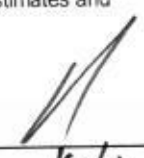
3. Estimated normal period for repairs: 2 working days.

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 : FAUZY BIN MOKHTAR
Tel : 62148319
Fax : 65468156

Signature : 
Name : Kalvin
Date : 7/6/18

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		N		
3. Survey Fees				
4. LTA Search Fee	7.49			
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



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18010227/K1rbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 14-06-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJA 2496R	Veh. Inspected	SHA 3514P
Policy No.	5096198216	Coverage (\$)	0.00
Claim No.	MT/0997835-001	Excess (\$)	0.00
Assign From		Assign Date	05/06/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU079847	Colour	BLUE
Odometer	243174	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 REAR PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	04/06/2018	Inspection Date	05/06/2018
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**

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 3514P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	TO REPAIR SEE LABOUR	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	NOT NECESSARY	22.00	-
1	REAR BUMPER SPONGE	SERVICEABLE	143.40	-
1	REAR BUMPER UNDER COVER	CUT	225.00	225.00
	LESS 20% DISCOUNT		-381.47	-45.00
			1,525.88	180.00
1	LICENSE LAMP COVER (SN)	CRACKED	100.00	100.00
	LESS 20% DISCOUNT		-20.00	-
			80.00	100.00
<u>NETT ITEMS</u>				
1	REAR NO PLATE (N)	CRACKED	25.00	25.00
	LESS 10% DISCOUNT		-	-2.50
			25.00	22.50
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
			435.70	300.00
<u>LABOUR</u>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR BUMPER.		350.00	200.00
	SPRAY PAINTING CHARGE.		250.00	200.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	R/REFIX REVERSE SENSOR.	NOT NECESSARY	120.00	-
			770.00	400.00
	GRAND TOTAL		2,836.58	1,002.50
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				800.00

Report Ref No. NS/INC18010227/K1rbn2


KALVIN ANG WEI KUN

Automotive Assessor / Investigator


K.K.LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE,
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