

108/11/13

Surveyor: Kelvin

REF: NS/INC 18015135 / Klrbn2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop no/s: _____

of _____

Insured: FBE 41897

Policy No. 5098745982 08352018 - 07032019

Claims No. MT/100897-002

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: _____

IDAC Accident Rpt: _____ 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: SHA 57044 Yr Regn: 2 Aug 2017

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

Truck / Trailer or

Make: Toyota Prius C.C. 1798

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 18844 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FYX035632x6

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim or

Tyre Size: F: 195/65 R15

R: _____

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

TOYO / YOKO or

Front

R/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 18/8/18

Survey held at

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

N/S Fmt.

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

Rear

R/Bal. 7 mm

L/Bal. 7 mm

D.O.I. 20/8/18

(DHE (Loyang))

Date / Time Action / Instruction

SHA 57044 - 003 / E2214007416 / Sp392

DCA 21043014

INC

FBE 41897 - X

PIP

21/8/18 Contact PIP \$1022.38 / 2 hrs.

Pd: \$3682.26, 78%.

RECEIVED 23 AUG 2018

Date/Time, File Pass to?

☐ : Prel. Report

1) typist

☒ : Final Report

Date/Time, File Return to?

2)

Report Format: TP

Lump Sum / I.B.I: (\$ 1022.38)

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:

☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

TOTAL

160




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/INC1801513			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 20-08-2018	
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	FBE 4187T	Veh. Inspected	SHA 57041
Policy No.	5098745982	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	20/08/2018
2. Vehicle Particulars & Condition			
Make & Model		c.c	
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			
3. Conditions of Tyres			
	Size	Make	Pressure
R/H Front Tyre			
L/H Front Tyre			
R/H Rear Tyre			
L/H Rear Tyre			
4. Description of Damages			
5. General Information			
Accident Date	18/08/2018	Inspection Date	
Survey held at	COMFORTDELGRO ENGINEERING PT 59 LOYANG DRIVE SINGAPORE 508969		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A "WITHOUT PRICE" B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE AUTHORISED			

eBaoTech

General Claim

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) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5099745982		ZUNNURAIN BIN ABDUL RAHMAN	S9017894F	GMC	Third Party	FBE4187T	FBE4187T	08/03/2018	07/03/2019

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/1007523-002	COMFORT TRANSPORTATION PTE LTD	SHB 4436U	SMC 4448X	15/08/2018	\$ 8,195.73	\$ 3,959.45
2	MT/1008097-002	COMFORT TRANSPORTATION PTE LTD	SHA 5704U	FBE 4187T	18/08/2018	\$ 4,704.64	\$ 1,022.38

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	20/08/2018 09:03
Date Of Accident	18/08/2018 23:00
Exact Location Of Accident	SLE TWDS TPE BEFORE 1B EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA5704U
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	TOYOTA
Model	PRIUS
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	MAZLAN BIN HADAR
NRIC No	S1790092G
Date Of Birth	15/07/1967
Occupation	OUTDOOR
Date Of Driving Pass	07/10/1997
Driving Experience	20 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94458137
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 425 TAMPINES STREET 41 #03-401
Postcode	520425
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	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)	5
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : MALE
Passenger 4	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

PLS REFER TO 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	FBE4187T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE

Name of Driver

ZUNNARAIN BIN ABDUL RAHMAN

NRIC/Passport Number

S9017894F

Contact Number

Address

Postcode

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

RIGHT FRT

No. Of Passenger (Including Driver)

IMPORTANT NOTICE

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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. 199303321R

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

A=SHA 57040	SLE	
B=FBE 4187T	towards	
Zunnurain Bin	TPE	
Abdul Rahman	before	
S 9017894F	IB Exit	
		5 4 3 2 1

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/8/18 at 23:00 hrs, I was driving on lane 1 along SLE towards TPE before IB Exit.

Suddenly Veh B it squeezed into the gap between my taxi and another vehicle travelling on lane 2.

In the midst, I saw Veh B swerved into my lane and hit onto the left front portion of my taxi. I immediately flash high beam light to alert the rider there's accident happened. Eventually we comes to stop at road shoulder and exchange particulars.

04 male passengers on board my taxi. No injury reported in this accident.

DECLARATION

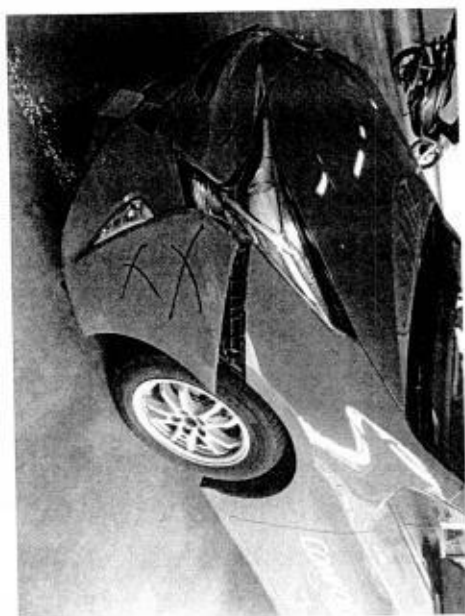
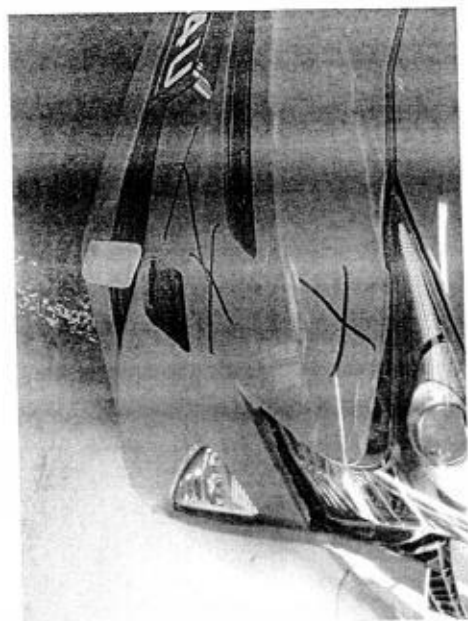
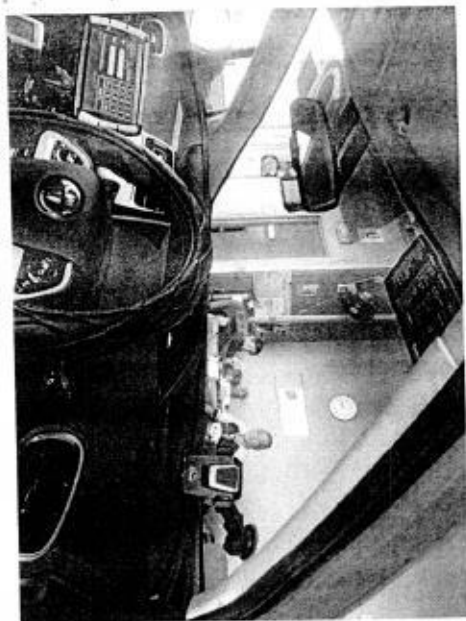
I/We declare the foregoing particulars are true in every respect.

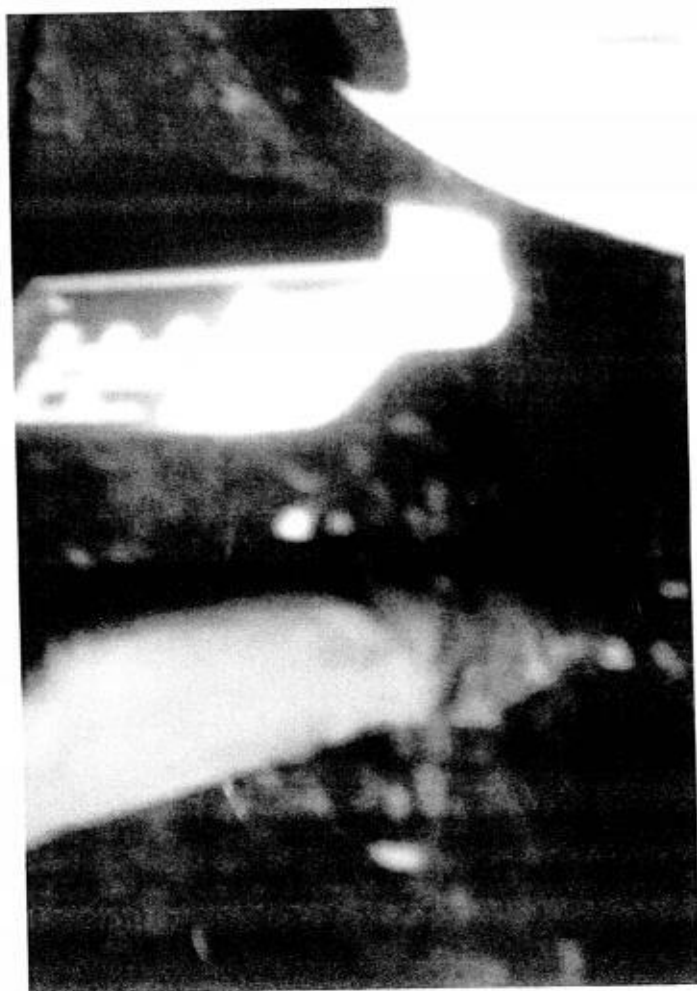
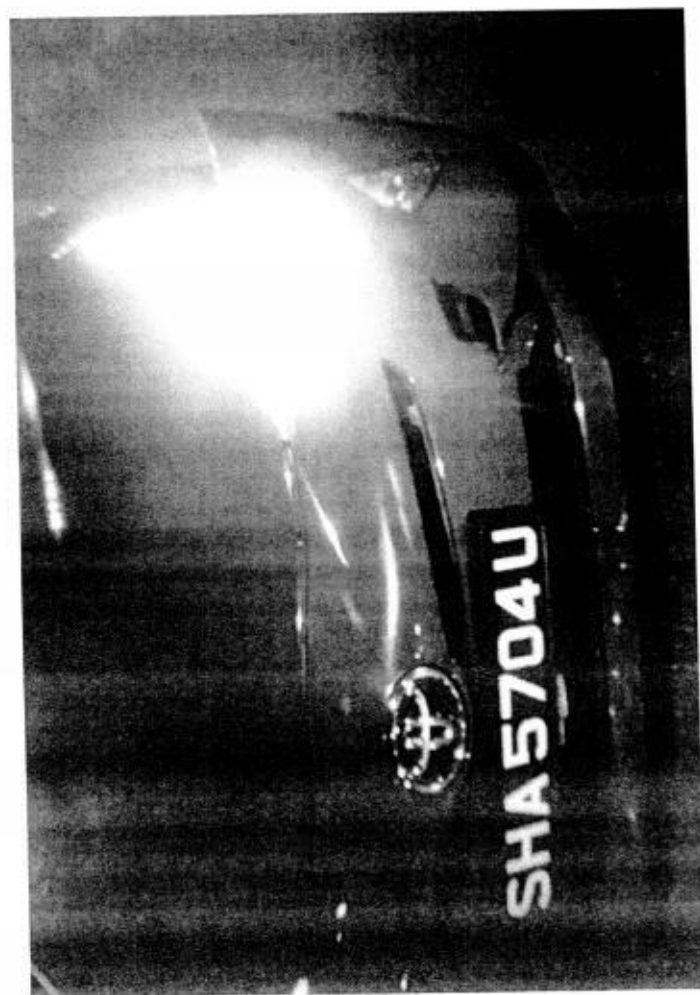
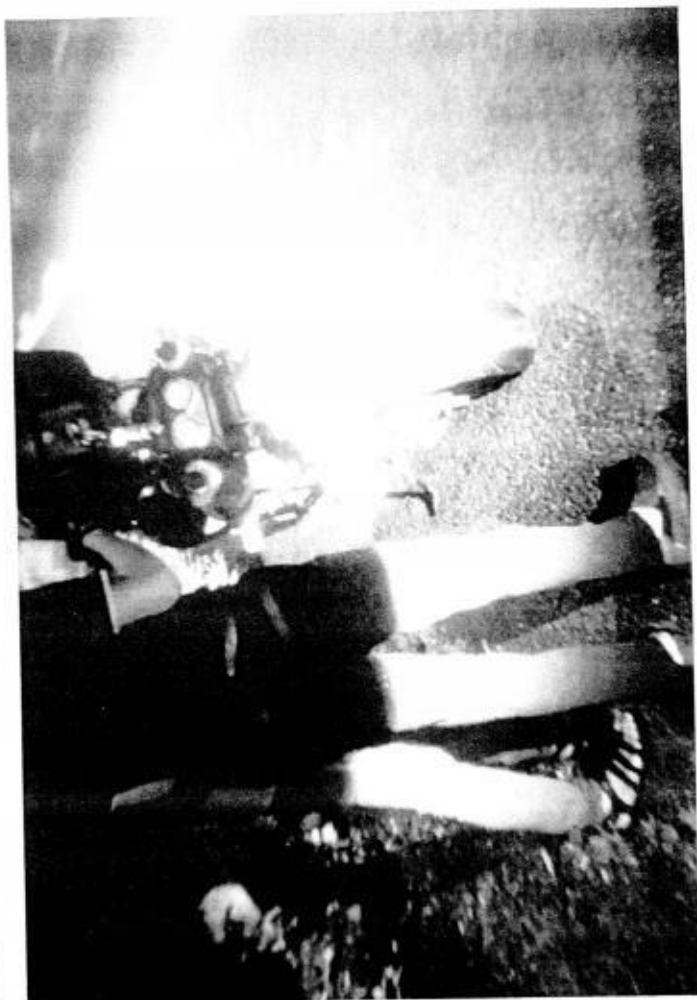
COMFORT TRANSPORTATION PTE LTD
CO REG. NO. 199203321R

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.:





REPAIR ESTIMATE

20/8/2018 19:36

VEHICLE NO : SHA 5704U

MAKE :

MODEL : TOYOTA PRIUS

Chiang

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
GRILLE, RADIATOR X <i>su</i>			\$ 438.00
FRONT BUMPER COVER — <i>su</i>			\$ 499.90
FRONT BUMPER SPONGE X <i>su</i>			\$ 78.80
FRONT BUMPER CENTRE GRILLE X <i>su</i>			\$ 301.90
FRONT BUMPER SIDE RETAINER, LH X <i>su</i>			\$ 77.00
COVER, FRONT BUMPER HOLE, LH X <i>su</i>			\$ 28.38
BRACKET, FRONT BUMPER SIDE, LH X <i>su</i>			\$ 82.30
UNIT ASSY, HEADLAMP, LH (LED) X <i>su</i>			\$ 3,455.00
BRACKET, HEADLAMP MOUNTING, LH X <i>su</i>			\$ 25.50
FRONT FENDER SHIELD, LH — <i>su</i>			\$ 196.60
SUB TOTAL			\$ 5,183.38
LESS 25%			\$ 1,295.85
DISCOUNTED TOTAL			\$ 3,887.54
FRONT BUMPER LOGO — <i>su</i>			\$ 100.00
NETT			
LABOUR CHARGE			
Panel Beating			
Spray Painting Charge			
Wiring Charge			
TOTAL LABOUR			\$ 730.00
ESTIMATE TOTAL			\$ 4,704.64
			4717.54

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 cost(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature: _____
Date: _____

Kahin Ulu
20/8/18 11 46 Lr.
2 hrs.
Before paint photo

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.

Date/Time: 20.08.2018 10:45

Page : 1

Member of COMFORTDELGRO

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305201930

Customer: COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)

REGN NO.: SHA5704U	MILEAGE
MAKE: TOYOTA	FUEL E: 1/2 F
MODEL: PRIUS HYBRID(G4)	DATE/TIME IN: 19.08.2018 00:10
YR OF MANU: 30.08.2017	TARGET DATE
CHASSIS CODE: JTDKB3FUX03563246	COMPLETION DATE/TIME:

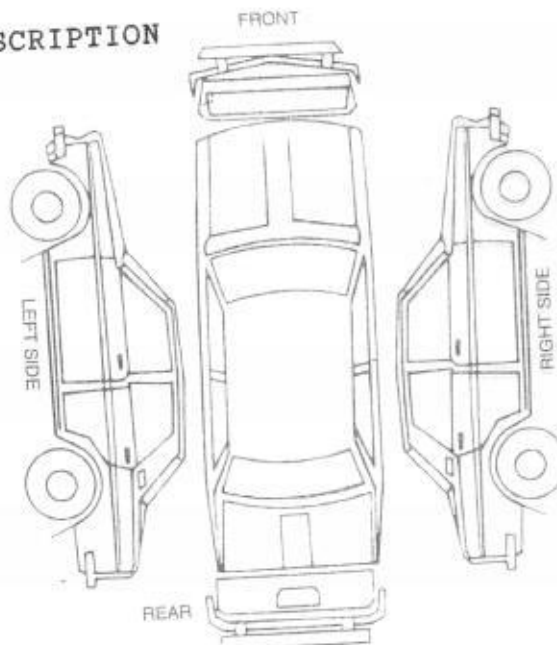
UNIT CARD NO.

JOB DESCRIPTION

Accident Date: 18.08.2018
NATURE: 3P 18.08.2018

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Vehicle No.: SHA5704U
CHIANG

Exit Pass

Vehicle No.: SHA5704U

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

To be kept by Security Guard

to be returned to Service Reception upon collection

COMFORTDELGRO ENGINEERING PTE LTD

Date: 21.08.2018

Time: 15:50:49

Page: 1

REPAIR ESTIMATE

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305201930
REGN NO : SHA5704U
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 30.08.2017
DATE/TIME IN : 19.08.2018 00:10
ACCIDENT DATE : 18.08.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2292-G	PRIG4 COVER FRONT BUMPER	1	499.90	25.00	374.92
0002 04-01-0302-2834-G	PRIG4 LINER FRONT FENDER	1	196.60	25.00	147.45

SUB-TOTAL : 522.37

JOB NATURE

0000 20-05	FRT BUMPER LOGO	100.00
0001 L	PANEL BEATING	200.00
0002 23-502	SPRAYPAINT ON AFFECTED AREA	200.00

SUB-TOTAL : 500.00

TOTAL : 1,022.37

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Our Job Ref No : 305201930
Date : 21/08/18

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SHA5704U

Fax :

18/08/2018

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


1. The repair job shall bill to: NTUC FBE4187T
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$522.38
 - (b) Labour Charges \$400.00
 - Total for Part-By-Part Repair Cost** \$1,022.38
 - (c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: _____
Final Lumpsum Repair cost _____


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 : CHIANG
Tel : 62148314
Fax : 65468156

Signature : 
Name : Kohn
Date : 21/8/18

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/INC18015135/K1rbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 30-08-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FBE 4187T	Veh. Inspected	SHA 5704U
Policy No.	5098745982	Coverage (\$)	0.00
Claim No.	MT/1008097-002	Excess (\$)	0.00
Assign From		Assign Date	20/08/2018

2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FUX03563246	Colour	BLUE
Odometer	188941	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65 R15	WEST LAKE	7 mm
L/H Front Tyre	195/65 R15	WEST LAKE	7 mm
R/H Rear Tyre	195/65 R15	WEST LAKE	7 mm
L/H Rear Tyre	195/65 R15	WEST LAKE	7 mm

4. Description of Damages

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

5. General Information

Accident Date	18/08/2018	Inspection Date	20/08/2018
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. SHA 5704U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	GRILLE,RADIATOR	SERVICEABLE	438.00	-
1	FRONT BUMPER COVER	CRACKED	499.90	499.90
1	FRONT BUMPER SPONGE	SERVICEABLE	78.80	-
1	FRONT BUMPER CENTRE GRILLE	SERVICEABLE	301.90	-
1	FRONT BUMPER SIDE RETAINER,LH	SERVICEABLE	77.00	-
1	COVER,FRONT BUMPER HOLE,LH	SERVICEABLE	28.38	-
1	BRACKET,FRONT BUMPER SIDE,LH	SERVICEABLE	82.30	-
1	UNIT ASSY,HEADLAMP,LH (LED)	SERVICEABLE	3,455.00	-
1	BRACKET,HEADLAMP MOUNTING,LH	SERVICEABLE	25.50	-
1	FRONT FENDER SHIELD,LH	TORN	196.60	196.60
	LESS 25% DISCOUNT		-1,295.84	-174.12
			3,887.54	522.38
<u>SPECIAL NETT ITEMS</u>				
1	FRONT BUMPER LOGO (SN)	NECESSARY	100.00	100.00
			100.00	100.00
<u>LABOUR</u>				
	PANEL BEATING.		400.00	200.00
	SPRAY PAINTING CHARGE.		280.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
			730.00	400.00
GRAND TOTAL			4,717.54	1,022.38
RECOMMENDED COST OF REPAIRS (CONFIRMED)				1,022.38

Report Ref No. NS/INC18015135/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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