

Surveyor: Kelvin

REF: NSLINC19002820/K1q302

# ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD/TP/WS/TP RES/OD RES/EVA/INV/MV  
 To Insp'd Vehicle No: \_\_\_\_\_  
 at Workshop m/s \_\_\_\_\_  
 Insured: SJM 36011  
 Policy No: 5036015778-01 (30/6/18-29/6/19)  
 Claims No: MT/1030640-02  
 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: 2 days Res.: Yes or No  
 Lump Sum: \_\_\_\_\_ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

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

Vehicle: IN / OUT

Veh No: SHA 7852L Yr Regn: 2014  
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Truck / Prime Mover /  
 Truck / Trailer or  
 Make: Hyundai - I40 C.C. 1685  
 Colour: Blue A/C: Insured / Std / NI / NA  
 Sp. Reading: 588064 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: KMHLCB414M4407105  
 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 / Rim or  
 Tyre Size: F: 205/60R16  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Went / 1.6.  
 Front Rear  
 R/Bal. 7 mm R/Bal. 7 mm  
 L/Bal. 7 mm L/Bal. 7 mm  
 D.O.A. 1/2/19 D.O.I. 13/2/19  
 Survey held at CDGE (Loyang)  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
Front n/s  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SHA 7852L-CS / III 14016747 / Kq3023 D.O.A: 30/8/14 <u>INC</u>
	SJM 36011-X <u>UP</u>
19/2/19	<u>Checked UP \$ 1750 / 2 Days. (Per \$ 1087.16, 38%)</u>

RECEIVED 20 FEB 2019

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

1) 20/2 turner ☐ : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Report Format: 7P

Lump Sum / L.B. (\$) 1750

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)

☐ : Interview (\$ \_\_\_\_\_)

☐ : Tech. Invs (\$ \_\_\_\_\_)

☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

S + RS \$ \_\_\_\_\_

Photos

Others

160

160

TP Claims against NTUC Income: Follow-Through Survey

Date 19/2/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1031465-002	COMFORT TRANSPORTATION PTE LTD	SHA 7323Y	SJS 3321K
2	MT/1018247-002	SMRT BUSES LTD	SMB 5073S	SIN 7756P
3	MT/1031666-002	COMFORT TRANSPORTATION PTE LTD	SHD 7299T	SGN 3392S
4	MT/1028475-002	SMRT BUSES LTD	SG 5752T	GBB 7829X
5	MT/1026811-002	SMRT TAXIS PTE LTD	SHB 452Z	SCL 4054U
6	MT/1030640-002	COMFORT TRANSPORTATION PTE LTD	SHA 7852L	SJM 3601J
7	MT/1031254-002	COMFORT TRANSPORTATION PTE LTD	SH 7181Y	SGW 2882D
8	MT/1031376-002	CITYCAB PTE LTD	SHC 7931G	SBU 8888T

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.

Date of Accident

01/02/2019 07:58

Vehicle No.(For Motor)

SJM3601J

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5036015778-09		LEE SOO HAN	S0039646Z	GPC	drivo CLASSIC	SJM3601J	SJM3601J	30/06/2018	29/06/2019

## 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 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. 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	02/02/2019 11:33
Date Of Accident	01/02/2019 19:40
Exact Location Of Accident	BLK 108 BEDOK NORTH RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHA7852L
<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
<b>Vehicle Particulars</b>	
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
<b>Insurance Company</b>	
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	
<b>Driver</b>	
Name of Driver	CHAN YEW MENG (CHEN YOUMING)
NRIC No	S7202106A
Date Of Birth	06/01/1972
Occupation	OUTDOOR
Date Of Driving Pass	17/06/1996
Driving Experience	22 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97660556
Fax Number	
Contact Number	
EMail Address	JASONCHAN1166@GMAIL.COM

Address	BLK 79B TOA PAYOH CENTRAL #13-17
Postcode	312079
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 ON COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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)	1

#### 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/ Type Of Accident : HEAD TO SIDE

#### 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	SJM3601J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE SOO HAN
NRIC/Passport Number	S0039646Z
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	RIGHT FRT
No. Of Passenger (Including Driver)	

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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. 199203321R

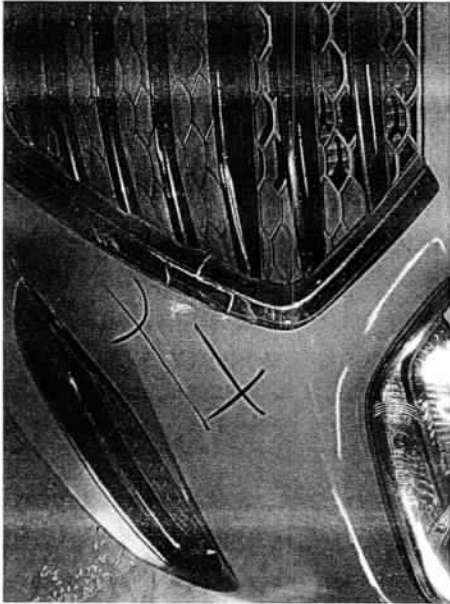
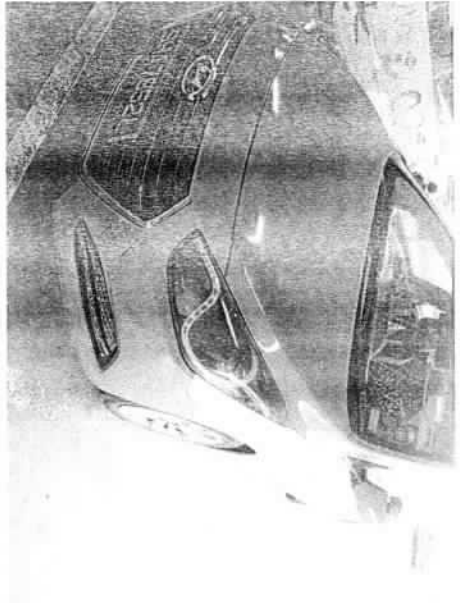
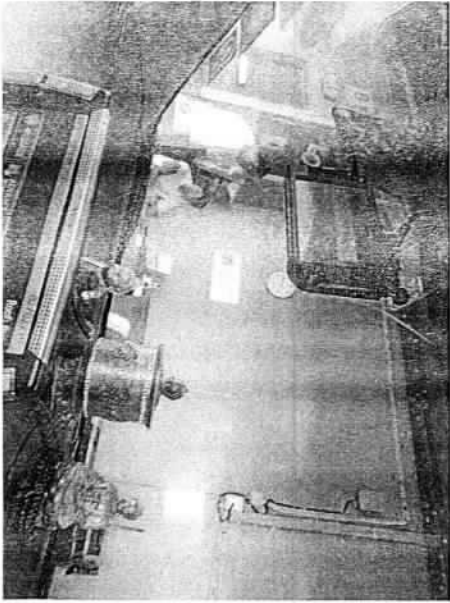
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 2/2/19 1036

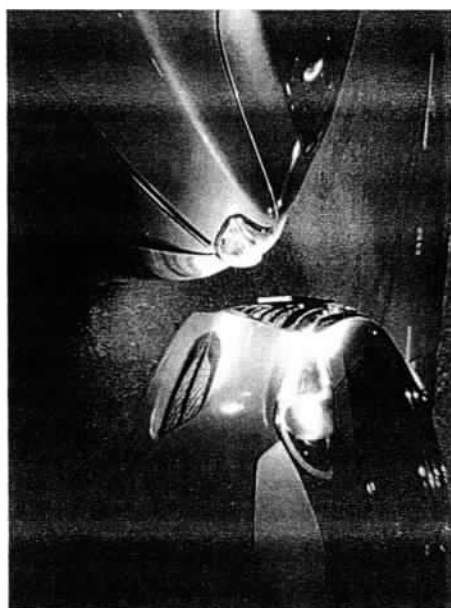
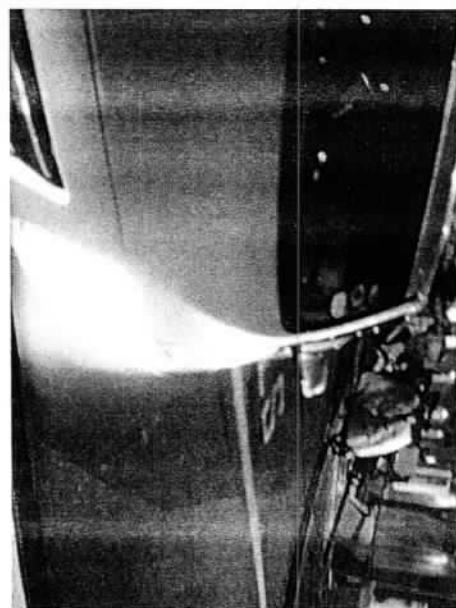
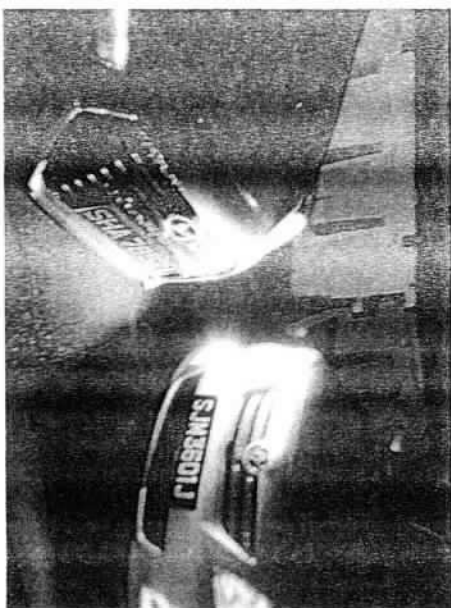
Olivia Wendy  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

02 FEB 2019









Date/Time: 12.02.2019 10:27

Page : 1

Team: ARC Repair TP(CLS0)1

**JOB CARD**

Sales Order:

JC NO.: 305267673

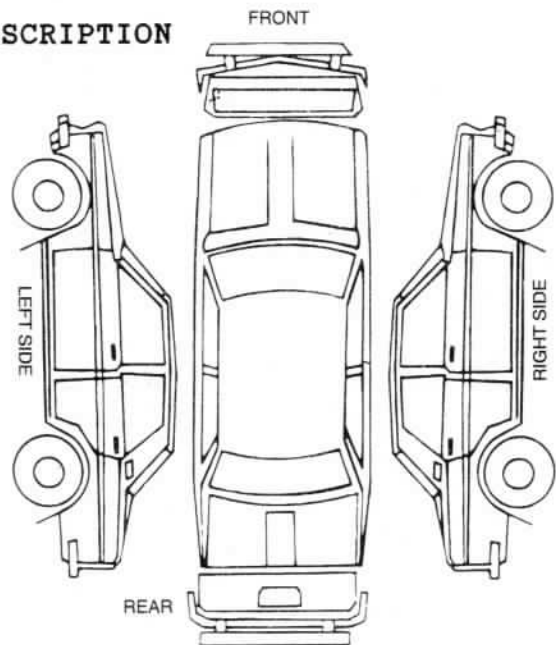
CUSTOMER		REGN NO.: <b>SHA7852L</b>	MILEAGE
R/MS	<b>COMFORT TRANSPORTATION PTE LTD</b>	MAKE: <b>HYUNDAI</b>	FUEL
CUSTOMER NO.	<b>7010045</b>	MODEL <b>I-40</b>	E.....1/2.....F
ADDRESS	<b>383 SIN MING DRIVE</b>	DATE/TIME IN <b>12.02.2019 09:55</b>	
	<b>Singapore SINGAPORE 575717</b>	YR OF MANU. <b>30.06.2015</b>	TARGET DATE
TEL. (R)	<b>65508755</b>	CHASSIS CODE <b>KMHLB41UMGU075105</b>	COMPLETION DATE/TIME:
(P)	(O)		
DISCOUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 01.02.2019  
NATURE: 3P 01.02.2019

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Exit Pass

ne:  
No.:  
icle No.: **SHA7852L** **CHIANG**

Vehicle No.: **SHA7852L**

ne of Service Advisor

Signature/Date

Name of Service Advisor

Date

be returned to Service Reception upon collection

To be kept by Security Guard

## COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE\*

VEHICLE NO : SHA 7852L

DATE 12/2/2019 10:41

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Radiator Grille — <i>cr</i>			\$ 1,110.10
	Radiator Grille H Emblem — <i>me</i>			\$ 39.50
	Front Bumper Cover — <i>Rebrand</i>			\$ 1,052.20
	Front Bumper Sponge <i>X me</i>			\$ 99.20
	Front Bumper Reinforcement <i>X su</i>			\$ 402.10
	Front Bumper Bracket (LH) <i>X su</i>			\$ 24.60
	<b>SUB TOTAL</b>			<b>\$ 2,727.70</b>
	<b>LESS 20%</b>			<b>\$ 545.54</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 2,182.16</b>
	Front Number Plate — <i>cr</i>			\$ 25.00 <b>Nett</b>
	Front No Plate Trim Cover <i>X su</i>			\$ 30.00 <b>Nett</b>
				<b>\$ 55.00</b>
	<b>Labour Charge</b>			<b>200</b>
	Panel Beating			\$ <del>350.00</del>
	Spray Painting Charge			\$ <del>250.00</del>
				<b>200</b>
	<b>TOTAL LABOUR</b>			<b>\$ 600.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,837.16</b>
<p><i>Kalvin 11/04</i></p> <p><i>13/2/19 110042</i></p> <p><i>2 by</i></p> <p><i>4/5</i></p> <p><i>After Repair</i></p> <div data-bbox="823 1448 1395 1935" data-label="Text"> <p>KK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> <li>• To rectify, before after spray painting</li> <li>• To apply, sanding, primer, during resurvey</li> <li>• To ensure, after 24 hrs, no oxidation</li> <li>• To ensure, after 24 hrs, no rusting</li> <li>• To ensure, after 24 hrs, no peeling</li> <li>• To ensure, after 24 hrs, no cracking</li> <li>• To ensure, after 24 hrs, no bubbling</li> <li>• To ensure, after 24 hrs, no discoloration</li> <li>• To ensure, after 24 hrs, no fading</li> <li>• To ensure, after 24 hrs, no staining</li> <li>• To ensure, after 24 hrs, no water marks</li> <li>• To ensure, after 24 hrs, no dirt marks</li> <li>• To ensure, after 24 hrs, no oil marks</li> <li>• To ensure, after 24 hrs, no grease marks</li> <li>• To ensure, after 24 hrs, no sugar marks</li> <li>• To ensure, after 24 hrs, no salt marks</li> <li>• To ensure, after 24 hrs, no acid marks</li> <li>• To ensure, after 24 hrs, no alkali marks</li> <li>• To ensure, after 24 hrs, no solvent marks</li> <li>• To ensure, after 24 hrs, no abrasive marks</li> <li>• To ensure, after 24 hrs, no sharp marks</li> <li>• To ensure, after 24 hrs, no deep marks</li> <li>• To ensure, after 24 hrs, no wide marks</li> <li>• To ensure, after 24 hrs, no long marks</li> <li>• To ensure, after 24 hrs, no curved marks</li> <li>• To ensure, after 24 hrs, no irregular marks</li> <li>• To ensure, after 24 hrs, no random marks</li> <li>• To ensure, after 24 hrs, no systematic marks</li> <li>• To ensure, after 24 hrs, no periodic marks</li> <li>• To ensure, after 24 hrs, no aperiodic marks</li> <li>• To ensure, after 24 hrs, no continuous marks</li> <li>• To ensure, after 24 hrs, no discontinuous marks</li> <li>• To ensure, after 24 hrs, no isolated marks</li> <li>• To ensure, after 24 hrs, no clustered marks</li> <li>• To ensure, after 24 hrs, no scattered marks</li> <li>• To ensure, after 24 hrs, no grouped marks</li> <li>• To ensure, after 24 hrs, no isolated marks</li> <li>• To ensure, after 24 hrs, no clustered marks</li> <li>• To ensure, after 24 hrs, no scattered marks</li> <li>• To ensure, after 24 hrs, no grouped marks</li> </ul> <p>Address: _____</p> <p>Signature: _____</p> <p>Date: _____</p> </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.				

Our Job Ref No : 305267673  
Date : 18/02/19

## COMFORTDELGRO ENGINEERING

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

### FINALIZATION FORM

To : LKK Fax : \_\_\_\_\_  
Attn : KALVIN  
Vehicle Reg No. : SHA7852L 01/02/19

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

Z The repair job shall bill to: NTUC SJM3601J

2. The finalized amount shall be:

- (a) Spare Parts after List discount \_\_\_\_\_  
(b) Labour Charges \_\_\_\_\_

**Total for Part-By-Part Repair Cost** \_\_\_\_\_

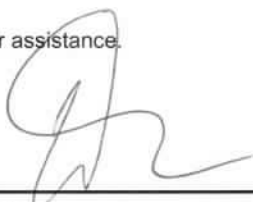
- (c.) Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: \_\_\_\_\_  
**Final Lumpsum Repair cost** \$1,750.00

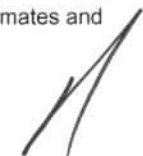
3. Estimated normal period for repairs: 2 working days.

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 : CHIANG  
Tel : 62148314  
Fax : 65468156

Signature :   
Name : Kalvin  
Date : 19/2/19

### 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/INC19002820/K1qd3e2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 20-02-2019	
Code: INC4			
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SJM 3601J	Veh. Inspected	SHA 7852L
Policy No.	5036015778-09	Coverage (\$)	0.00
Claim No.	MT/1030640-002	Excess (\$)	0.00
Assign From		Assign Date	13/02/2019
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU075105	Colour	BLUE
Odometer	588064	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
<b>3. Conditions of Tyres</b>			
	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
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	01/02/2019	Inspection Date	13/02/2019
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
<b>5a. Remarks</b>			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
<b>5b. Estimate Days of Repair</b>			
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. SHA 7852L**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	RADIATOR GRILLE	CRACKED	1,110.10	1,110.10
1	RADIATOR GRILLE H EMBLEM	NECESSARY	39.50	39.50
1	FRONT BUMPER COVER	DEFORMED	1,052.20	1,052.20
1	FRONT BUMPER SPONGE	SERVICEABLE	99.20	-
1	FRONT BUMPER REINFORCEMENT	SERVICEABLE	402.10	-
1	FRONT BUMPER BRACKET (LH)	SERVICEABLE	24.60	-
	LESS 20% DISCOUNT		-545.54	-440.36
			2,182.16	1,761.44
<b><u>SPECIAL NETT ITEMS</u></b>				
1	FRONT NUMBER PLATE (SN)	CRACKED	25.00	25.00
1	FRONT NO PLATE TRIM COVER (SN)	SERVICEABLE	30.00	-
			55.00	25.00
<b><u>LABOUR</u></b>				
	PANEL BEATING.		350.00	200.00
	SPRAY PAINTING CHARGE.		250.00	200.00
			600.00	400.00
<b>GRAND TOTAL</b>			<b>2,837.16</b>	<b>2,186.44</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>1,750.00</b>

Report Ref No. NS/INC19002820/K1qd3e2

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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