

Survey No: 2019

REF: NS/INC 19007256/klvd3

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD  TP  NS  ITP  RES  OD RES  EVA  INV  MV

To Insured Vehicle No: \_\_\_\_\_

at Workshop no: \_\_\_\_\_

of \_\_\_\_\_

Insured: SMK 5784B

Policy No. \_\_\_\_\_

Claims No: MT/1044616-001

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
(Client's Record)

Make of Vch: \_\_\_\_\_

(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. Repair: \_\_\_\_\_ days Res.: Yes or No

Lum Sunk: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Van No: SHD 6909Z Yr Regn: 8 Oct 2015

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

Truck / Trailer or \_\_\_\_\_

Make: Hyundai 240 cc 1885

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

Sp. Reading: 602264 T/Radio: Insu  Std / NI / NA

Eng No: \_\_\_\_\_

C/No: KMHLB41UM4Y07843

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Incl  Jammed / Leaked / Burnt or

Brake: Incl  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 hlt

Front: \_\_\_\_\_ Rear: \_\_\_\_\_  
R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 21/4/19 D.O.I. 22/4/19

Survey held at LDPE (Logan)

Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooltop or n/s Front.

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

Date / Time	Action / Instruction
	SHD 6909Z - CS/PC 1501994.6 / Ag'd! D.O.A. 22/11/2015 <b>INC</b>
	SMK 5784B - no policy found <b>4</b>
25/4/19	Interview 4/5 \$2650 / 3 Pgs. (Recd 1377.84, 3419)
	No policy found.

RECEIVED 16 MAY 2019

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

1)  : Final Report

Date/Time, File Return to?

2) 16/5 typist

Days Of Repair: 3

Resurvey No. of Trip: 1

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

: Interview (\$ \_\_\_\_\_)

: Tech. Insp (\$ \_\_\_\_\_)

: Material (\$ \_\_\_\_\_)

Survey Fee:	
Transportation:	
S + P.S. \$	
Fuel:	
Chen:	
Other:	

## Veron Chen (LKKAuto)

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**From:** MTCL@income.com.sg  
**Sent:** Wednesday, 15 May 2019 1:46 PM  
**To:** Veron Chen (LKKAuto)  
**Subject:** FW: REQUEST FOR CLAIM NUMBER  
**Attachments:** LTA SEARCH.pdf

Hi Veron,

Claim created.

Claim No : MT/1044616-001

With Regards

Samsia  
Senior Admin Assistant,  
Motor Insurance  
[www.income.com.sg](http://www.income.com.sg)

 **income**  
made different



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**in** with you

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**From:** Veron Chen (LKKAuto) [<mailto:veronchen@lkkauto.com>]  
**Sent:** Tuesday, 14 May 2019 8:56 AM  
**To:** [MTCL@income.com.sg](mailto:MTCL@income.com.sg)  
**Subject:** RE: REQUEST FOR CLAIM NUMBER

Dear Sir/Madam,

Please refer to LTA search.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :[sur@lkkauto.com](mailto:sur@lkkauto.com) | fax: 6256-4315

Insurance Particulars Enquiry By Agents Detail

<https://vrl.lta.gov.sg/ita/vrl/action/insPartDetailByAA?FUNCTIONIO...>

**Enquire Vehicle Insurer**

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SMK57848	21 Apr 2019 / 00:30:00	Successful	N12	NTUC INCOME INS CO-OP LTD

Previous      OK

SH D 69092

**Veron Chen (LKKAUTO)**

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**From:** MTCL@income.com.sg  
**Sent:** Monday, 13 May 2019 4:03 PM  
**To:** Veron Chen (LKKAUTO)  
**Subject:** FW: REQUEST FOR CLAIM NUMBER

Hi,

Claim created.

For item number one, vehicle is not insured with us.

With Regards

**Samsia**  
Senior Admin Assistant,  
Motor Insurance  
[www.income.com.sg](http://www.income.com.sg)



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**Find out more at [Income.com.sg/careers](http://Income.com.sg/careers)**

**in** with you

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**From:** Veron Chen (LKKAUTO) [mailto:veronchen@lkkauto.com]  
**Sent:** Monday, 13 May 2019 10:46 AM  
**To:** MTCL@income.com.sg  
**Subject:** REQUEST FOR CLAIM NUMBER

Dear Sir/Madam,

Kindly provides us claim number.

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle
1	NOT OI	COMFORT TRANSPORTATION PTE LTD	SHD 6909Z	SMK 5784B
2	MT/1040291-002	COMFORT TRANSPORTATION PTE LTD	SH 8129T	FBK 4548D

D.O.A	Time of Accident	Estimate	Tentative repair cost
21/4/2019	0:30	\$4,027.84	\$2,650.00
9/4/2019	19:10	\$1,542.40	\$900.00

Best Regards,

**Veron Chen** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

## 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	22/04/2019 09:43
Date Of Accident	21/04/2019 00:30
Exact Location Of Accident	TOA PAYOH LOR 1 TWDS LOR 6
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6909Z
<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

### 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	TANG YOKE WENG
NRIC No	S1302528B
Date Of Birth	09/01/1958
Occupation	OUTDOOR
Date Of Driving Pass	01/03/1984
Driving Experience	35 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90510392
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address BLK 223A SERANGOON AVENUE 4  
#08-237

Postcode 551223

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 (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) 2

Passenger 1 NAME: : -  
GENDER: : MALE

**Details of Police Action**

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name PASIR RIS NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-5852999 - FAX NO: 65855261

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident**

REFER POLICE REPORT NO: T/20190421/2011 \* 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 SMK5784B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver UNKNOWN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

RH FRONT

**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. 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.
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 Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Police Report Attached.

5/20190421/2011

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.:





SINGAPORE  
POLICE FORCE



T/20190421/2011

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

2 of 3

Report No. T/20190421/2011

## CONTINUATION OF REPORT

Driver			
Name	TANG YOKE WENG		ID No. S1302528B
Related Vehicle	SHD6909Z (Car)		Contact No. 90510392
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 21/4/19 at about 0027hrs, I was travelling along Lorong 1 Toa Payoh turning left at the filter lane towards Lorong 4 Toa Payoh. I was on the right lane of a 2 lane road. While I was making the turn, a maroon colored vehicle the collided onto the left front portion of my vehicle and sped off. I kept on pressing my horns to alert the driver but the driver didn't stop. I had 2 passengers on board and all 3 of us are not injured. I have an in-camera in my vehicle and it was recording.



SINGAPORE  
POLICE FORCE



T/20190421/2011

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

3 of 3

Report No. T/20190421/2011

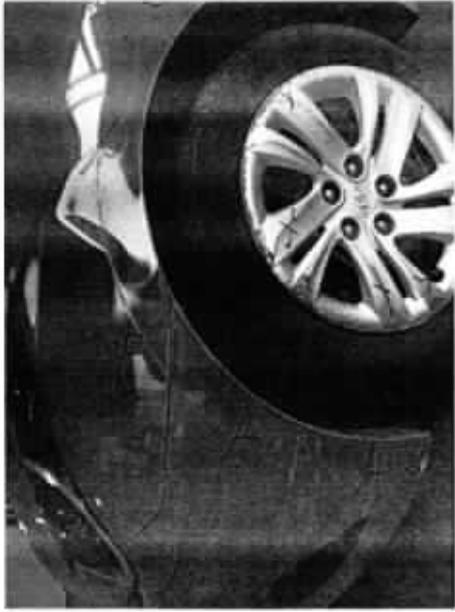
CONTINUATION OF REPORT

**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 to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / Sgt 3 S EVA SHERRIENA BINTI S AFFINDY	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 21/04/2019 09:26
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65476902	Classification Of Case:
Authentication Stamp NP168	<div style="border: 1px solid black; padding: 5px;">  <p>SINGAPORE POLICE FORCE</p>  <p>_____ SIGNATURE</p> </div>



Team: ARC Repair TP(CLSO)1

**JOB CARD**

Sales Order:

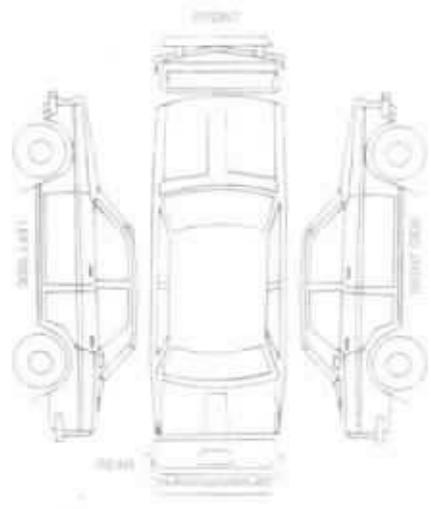
JOB NO: 305288968

CUSTOMER NAME: COMFORT TRANSPORTATION PTE LTD CUSTOMER NO: 7010045 ADDRESS: 383 SIN MING DRIVE Singapore SINGAPORE 575717 TEL (R): 65508755 (P) ACCOUNT CARD NO.	REGN NO: SHD6909Z MILEAGE
	MAKE: HYUNDAI FUEL
	MODEL: I-40 DATE/TIME IN: 21.04.2019 09:45
	YR OF MANU: 08.10.2015 TARGET DATE
	CHASSIS CODE: KMHLB41UMGU078435 COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 21.04.2019  
 NATURE: 3P 21.04.19

S/NO                      LABOR CODE                      DESCRIPTION



CHECKED & PASSED OUT BY: \_\_\_\_\_

\_\_\_\_\_  
 SERVICE ADVISOR

\_\_\_\_\_  
 CUSTOMER'S SIGNATURE

Acknowledgement Slip

ID: \_\_\_\_\_

Job No: **SHD6909Z**                      **JU NTUC LKK**

Name of Service Advisor: \_\_\_\_\_  
 Signature/Date: \_\_\_\_\_

to be returned to Service Reception upon collection.

Exit Pass

Vehicle No.: **SHD6909Z**

Name of Service Advisor: \_\_\_\_\_  
 Date: \_\_\_\_\_

To be kept by Security Guard





# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305288968

Date : 24/04/2019

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

## FINALIZATION FORM

To : LKK

Fax : \_\_\_\_\_

Attn : KALVIN

: SHD6909Z Date of Accident : 21.04.19

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

- The repair job shall bill to: NTUC --- SMK5784B  
###
- The finalized amount shall be:
  - Spare Parts after List discount \_\_\_\_\_
  - Labour Charges ### \_\_\_\_\_
  - Total for Part-By-Part Repair Cost** \_\_\_\_\_
  - Lumpsum Repair (if applicable) \_\_\_\_\_
  - Total for Lumpsum repair cost after Less: 20% \$2,650.00
  - Final Lumpsum Repair cost** \_\_\_\_\_

3. Estimated normal period for repairs: 3 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 : \_\_\_\_\_

Signature : \_\_\_\_\_

Name : JUMANI

Name : Kalvin

Tel : 6214 8315

Date : 25/4/19

Fax : 65468156

### 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/INC19007256/K1vd3q2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 17-05-2019



189556

Code: INC4

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SMK 5784B	Veh. Inspected	SHD 6909Z
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1044616-001	Excess (\$)	0.00
Assign From		Assign Date	22/04/2019

## 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU078435	Colour	BLUE
Odometer	602264	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 N/S FRONT PORTION.  
DAMAGES SEE DETAILS.

## 5. General Information

Accident Date	21/04/2019	Inspection Date	22/04/2019
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:	<b>3 Working Days</b>
-------------------------------------	-----------------------

**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 6909Z**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	FRONT BUMPER COVER	CRACKED	1,052.10	1,052.20
1	FRONT BUMPER BRACKET (LH)	SERVICEABLE	24.60	-
1	HEADLAMP (LH)	GRAZED	1,388.00	1,388.00
1	FRONT FENDER (LH)	BUCKLED	663.00	663.00
1	FRONT FENDER SHIELD (LH)	SERVICEABLE	174.90	-
1	FRONT WHEEL HUB CAP (LH)	GRAZED	107.10	107.10
	LESS 20% DISCOUNT		-681.94	-642.06
			<b>2,727.76</b>	<b>2,568.24</b>
<b>LABOUR</b>				
	PANEL BEATING.		560.00	300.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING CHARGE.		50.00	20.00
	TUFF KOTE.		50.00	30.00
	TOWING CHARGE.	NOT NECESSARY	60.00	-
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			<b>1,300.00</b>	<b>750.00</b>
<b>GRAND TOTAL</b>			<b>4,027.76</b>	<b>3,318.24</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>2,650.00</b>

Report Ref No. NS/INC19007256/K1vd3q2


**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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