

Hello, NAC_PAYA_UBI_800601

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[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="29/04/2019 18:00"/>							
Vehicle No.(For Motor)	<input type="text" value="XD7779K"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5088412823-02		SEMBWASTE PTE LTD	199507280G	GFT	Preferred Workshop Plan	XD7779K	XD7779K	05/05/2018	
					<input type="button" value="Continue"/>					

TP Claims against NTUC Income: Follow-Through Survey

Date : 06/05/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1041958-002	COMFORT TRANSPORTATION PTE LTD	SHC 8955G	SLH 2238J
2	MT/1042268-002	COMFORT TRANSPORTATION PTE LTD	SHC 2230D	XD 7779K
3	MT/1042493-002	COMFORT TRANSPORTATION PTE LTD	SHD 3252D	SBP 3006G
4	MT/1042595-002	COMFORT TRANSPORTATION PTE LTD	SHC 2767Y	GW 6100B
5	MT/1020313-003	SMRT TAXIS PTE LTD	SHC 4756R	SHC 6809J

COMFORTDELGRO

Date/Time: 29.04.2019 14:53

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO: 305291219

OWNER

AS COMFORT TRANSPORTATION PTE LTD
OWNER NO. 7010045
RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

OUNT CARD NO.

REGN NO:

SHC2230D

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN

29.04.2019 11:05

YR OF MANU.

20.12.2017

TARGET DATE

CHASSIS CODE

KMHLB41UMHU100089

COMPLETION DATE/TIME

JOB DESCRIPTION

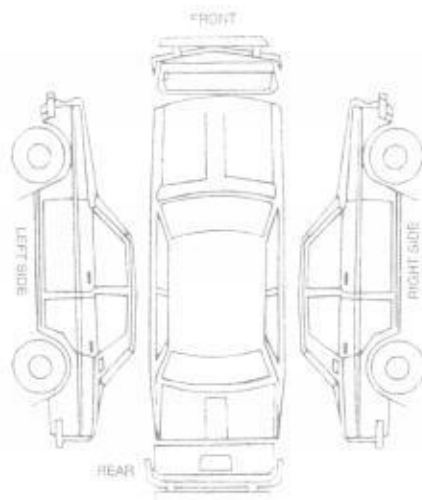
Accident Date: 29.04.2019

NATURE: 3P 29.04.19

S/NO

LABOR CODE

DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No.: SHC2230D

JU NTUC LKK

Vehicle No.:

SHC2230D

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

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	29/04/2019 13:47
Date Of Accident	29/04/2019 08:00
Exact Location Of Accident	PIE TWDS JURONG (AFTER ADAM EXIT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2230D
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	NG LAY MING ROSA
NRIC No	S1767491I
Date Of Birth	25/10/1966
Occupation	OUTDOOR
Date Of Driving Pass	24/03/1987
Driving Experience	32 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-96932918
Fax Number	
Contact Number	
Email Address	MINGINK@SINGNET.COM.SG

Address	BLK 310 SERANGOON AVENUE 2 #04-172
Postcode	550310
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 (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?	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	XD7779K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SALIM BIN ABD GHANI
NRIC/Passport Number	S1661056I
Contact Number	86166244
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT RIGHT

No. Of Passenger (Including Driver)

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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. 199203621R

Policyholder's Signature
Date & Time:

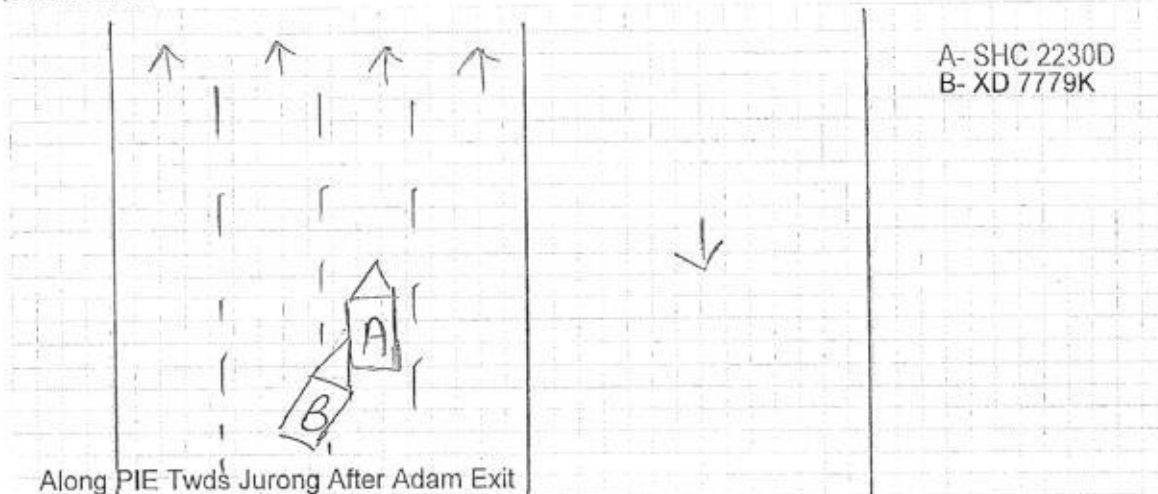
Driver's Signature
(If driver is not the policyholder)
Date & Time:

22/4/19
Jackson Heng
CSO

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

Sketch Plan Pg. 2

SKETCH PLAN



A- SHC 2230D
B- XD 7779K

Along PIE Twds Jurong After Adam Exit

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29.04.2019 @ 0800hrs I was travelling along PIE Twds Jurong After Adam Exit with
no passenger onboard.
I male, <i>1m 70cm</i>
As I was travelling straight suddenly veh(B) XD 7779K cut into my lane and hit onto my vehicle rear left portion.
As it took place too fast I could not take evasive action to prevent the accident.
I have company video and photos at scene to support my claims.
No injury in this accident.
Veh(B) XD 7779K MR Salimbin ABD Ghani S 1661056I HP: 8616 6244

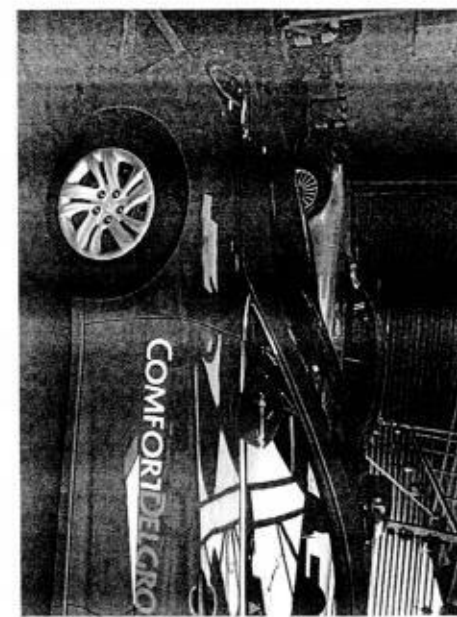
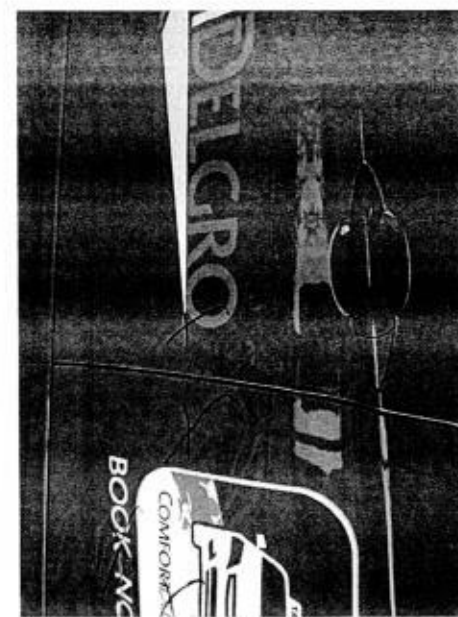
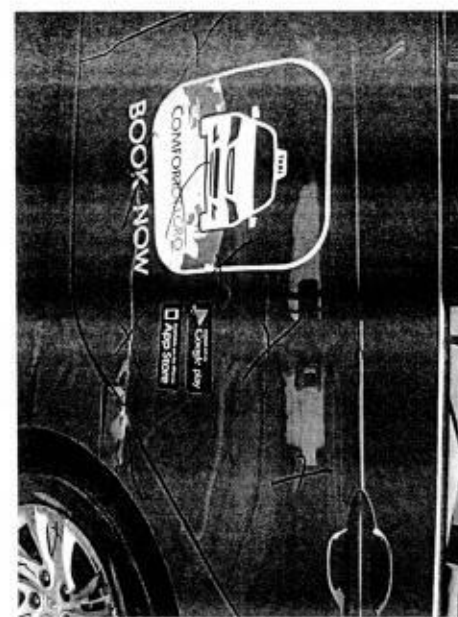
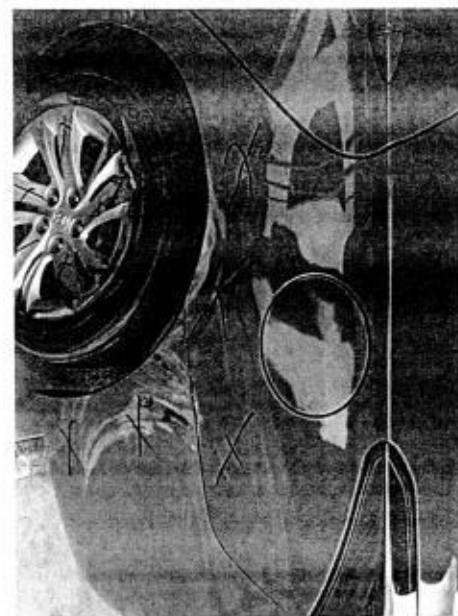
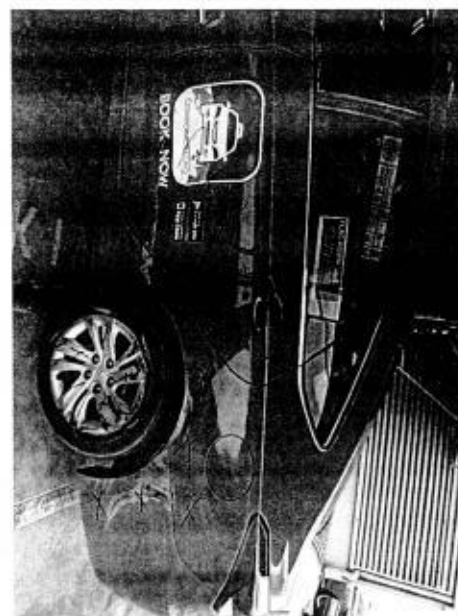
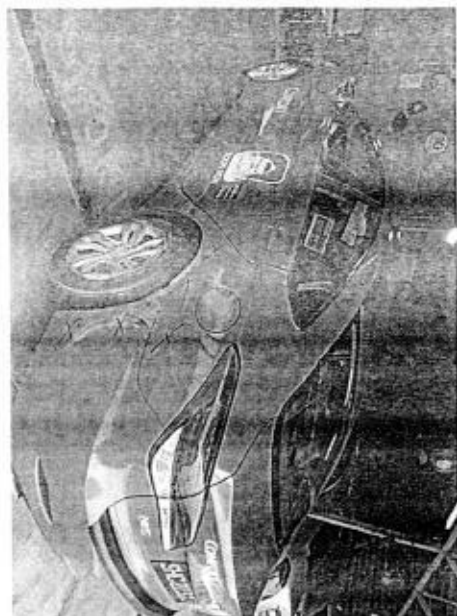
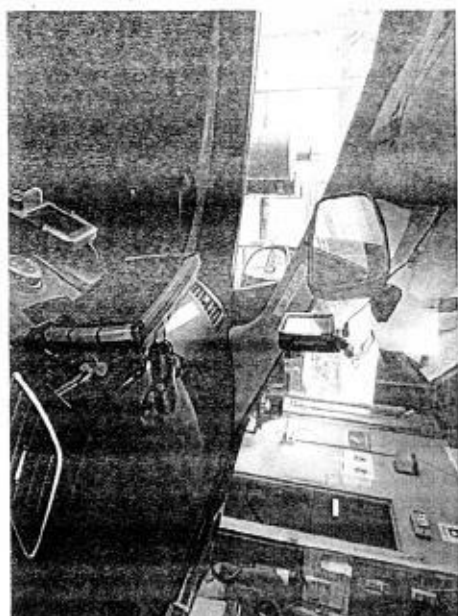
DECLARATION

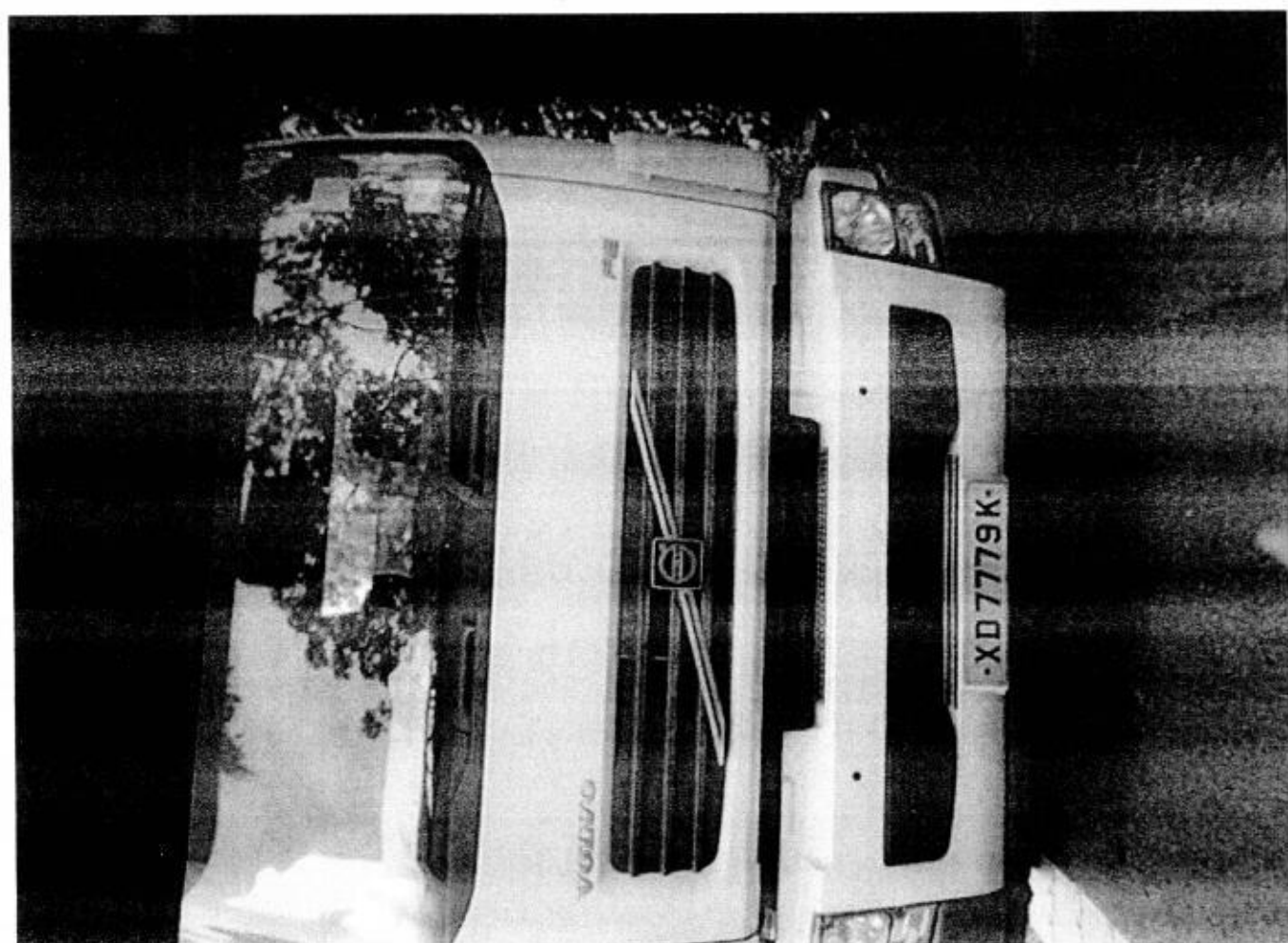
I/We declare the foregoing particulars are true in every respect.
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 29.04.2019@1145HRS

29/4/19
Jackson *Jackson*
CSD
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:





COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 2230D

DATE 29/4/2019 14:39

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 553.00
	Rear Bumper Clip 10 pcs			\$ 22.00
	Rear Fender (LH)			\$ 2,171.40
	Rear Fender Inner Lining (LH)			\$ 169.30
	Rear Windscreen Moulding			\$ 28.30
	Rear Door (LH)			\$ 2,201.10
	Rear Tyre Rim (LH)			\$ 325.30
	Rear Wheel Hub-Cap (LH)			\$ 107.10
	Front (LH) Door X repair			
	SUB TOTAL			\$ 5,577.50
	LESS 20%			\$ 1,115.50
	DISCOUNTED TOTAL			\$ 4,462.00
	Rear Bumper Rubber Mat			\$ 50.00
	Rear Windscreen Sealant			\$ 46.00
	Rear Door Comfortdelgro & Apps Sticker (LH)			\$ 80.00
	Front Door Coloured Comfort Logo (LH)			\$ 75.00
	Rear Tyre (LH)			\$ 216.00
				\$ 467.00
	Labour Charge			
	Panel Beating			\$ 800.00
	Spray Painting Charge			\$ 1,000.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 50.00
	Remove/Refix Cushion & Upholstery Rear			\$ 150.00
	Remove/Refix Rear Windscreen Glass			\$ 120.00
	Remove/Refix Reverse Sensor			\$ 80.00
	Transfer of Door			\$ 80.00
	Rear Wheel Alignment			\$ 80.00
	TOTAL LABOUR			\$ 2,410.00
	ESTIMATE TOTAL			\$ 7,339.00
<p>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.</p>				

Nett
Nett 41.40
Nett 72
Nett 67.50
Nett

-10%
-10%
-10%

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 modifications are allowed
- Supplements (if any) must be surveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

Kalin (UIC)

29/4/19

407

PIP

Before Part photo

1525h

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 03.05.2019
Time: 10:38:51
Page: 1

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

JOB NO : 305291219
REGN NO : SHC2230D
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 20.12.2017
DATE/TIME IN : 29.04.2019 11:05
ACCIDENT DATE : 29.04.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0103-0596-G	I40VC PANEL ASSY-RR DR LH	1	2,201.10	20.00	1,760.88
0002	04-01-0103-0576-G	I40V2 PANEL ASSY-QUARTER	1	2,171.40	20.00	1,737.12
0003	04-01-0103-0658-G	I40VC CAP ASSY-WHEEL HUB	1	107.10	20.00	85.68
0004	04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1	553.00	20.00	442.40
0005	28-01-0103-0003-A	(I40)FRT DOOR LOGO SONATA	1 N	75.00	10.00	67.50
0006	28-01-0103-2013-A	I40V3 APP LOGO REAR DOOR	1 N	80.00	10.00	72.00
0007	04-01-0103-2262-A	I40VC METAL PROTECTOR MAT	1 N	50.00	1.00-	50.00
0008	04-01-0103-0745-G	I40VC MOULDING-RR WDO GLA	1	28.30	20.00	22.64
0009	05-01-0199-0032-A	(ALL)WINDSCREEN AHESIVE-3	2 N	46.00	10.00	41.40

SUB-TOTAL : 4,279.62

JOB NATURE

0000 PB	PANEL BEATING	600.00
0001 SP	SPRAYPAINT CHARGE	800.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 03.05.2019

REPAIR ESTIMATE

Time: 10:38:51

Page: 2

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

JOB NO : 305291219
REGN NO : SHC2230D
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 20.12.2017
DATE/TIME IN : 29.04.2019 11:05
ACCIDENT DATE : 29.04.2019

JOB / PARTS DESCRIPTION		QTY	IND	UNIT	PRICE	DISC%	AMOUNT
0002	20-00	TUFF COAT ON AFFECTED PARTS.			20.00		
0003	20-204	REMOVE/REFIX UPHOLSTERY ASST REPAIR			50.00		
0004	L	REMOVE/REFIX REVERSE SENSOR			100.00		
0005	L	RENEW REAR WINDSCREEN GLASS			30.00		
0006	L	TRANSFER DOOR PARTS			50.00		
SUB-TOTAL							: 1,650.00
TOTAL							: 5,929.62

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No 305291219

Date : 03/05/19

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

: SHC2230D

Date of Accident : 29.04.19

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

1. The repair job shall bill to: NTUC --- XD7779K
###

2. The finalized amount shall be:

(a) Spare Parts after List discount \$4,279.62

(b) Labour Charges ### \$1,650.00

Total for Part-By-Part Repair Cost \$5,929.62

(c.) Lumpsum Repair (if applicable) N

Total for Lumpsum repair cost after Less: 20%

Final Lumpsum Repair cost

3. Estimated normal period for repairs: 4 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 : JUMANI

Tel : 6214 8315

Fax : 65468156

Signature : 

Name : Kalvin

Date : 6/5/19

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/INC19007526/K1td3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 10-05-2019

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	XD 7779K	Veh. Inspected	SHC 2230D
Policy No.	5088412823-02	Coverage (\$)	0.00
Claim No.	MT/1042268-002	Excess (\$)	0.00
Assign From		Assign Date	29/04/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	KMHLB41UMHU100089	Colour	BLUE
Odometer	99130	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 N/S BODY. DAMAGES SEE DETAILS.

5. General Information

Accident Date	29/04/2019	Inspection Date	29/04/2019
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:	4 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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 2230D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DEFORMED	553.00	553.00
10	REAR BUMPER CLIP	NOT NECESSARY	22.00	-
1	REAR FENDER (LH)	BUCKLED	2,171.40	2,171.40
1	REAR FENDER INNER LINING (LH)	SERVICEABLE	169.30	-
1	REAR WINDSCREEN MOULDING	NECESSARY	28.30	28.30
1	REAR DOOR (LH)	DENTED	2,201.10	2,201.10
1	REAR TYRE RIM (LH)	SERVICEABLE	325.30	-
1	REAR WHEEL HUP-CAP (LH)	CRACKED	107.10	107.10
1	FRONT (LH) DOOR (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-1,115.50	-1,012.18
			4,462.00	4,048.72
<u>NETT ITEMS</u>				
1	REAR WINDSCREEN SEALANT (N)	NECESSARY	46.00	46.00
1	REAR DOOR COMFORTDELGRO & APPS STICKER (LH) (N)	NECESSARY	80.00	80.00
1	FRONT DOOR COLOURED COMFORT LOGO (LH)(N)	NECESSARY	75.00	75.00
	LESS 10% DISCOUNT		-	-20.10
			201.00	180.90
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	REAR TYRE (LH)(SN)	SERVICEABLE	216.00	-
			266.00	50.00
<u>LABOUR</u>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRONT (LH) DOOR.		800.00	600.00
	SPRAY PAINTING CHARGE.		1,000.00	800.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	TUFF KOTE.		50.00	20.00
	REMOVE/REFIX CUSHION & UPHOLSTERY REAR.		150.00	50.00

Report Ref No. NS/INC19007526/K1td3n2



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.: 2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REMOVE/REFIX REAR WINDSCREEN GLASS.	NOT NECESSARY	120.00	100.00
	REMOVE/REFIX REVERSE SENSOR.		80.00	30.00
	TRANSFER OF DOOR.		80.00	50.00
	REAR WHEEL ALIGNMENT.		80.00	-
			2,410.00	1,650.00
GRAND TOTAL			7,339.00	5,929.62

RECOMMENDED COST OF REPAIRS (CONFIRMED)			5,929.62
-----------------------------------------	--	--	----------

Report Ref No. NS/INC19007526/K1td3n2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

K.K.LAU CPT(RET)

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