

REF: NS/INC 19010271 / K14D3N2

## ASSIGNMENT

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

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

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

To Inspected Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: SJW 4347P

Policy No. 5103894234 (04/01/2019)

Claims No. MT/1048463-002

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 Report: \_\_\_\_\_ 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

Vehicle: IN / OUT

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

Veh No: SHC 2471A Yr Regn: 12ZY 218

Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~o~~ / Prime Mover /

Truck / Trailer or

Make: Hyundai Tucson C.C. 1580

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

Sp. Reading: 131715 T/Radio: Insured / Std / NI / NA

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

C/No: KMHL85166JU103570

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: 195/65R15

R: \_\_\_\_\_

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

TOYO / YOKO or Puraturn

Front

Rear

R/Bal. 7 mm R/Bal. 7 mm

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

D.O.A. 8/6/19 D.O.I. 10/6/19

Survey held at CPHE (Loyang)

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

n/s front

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

Date / Time	Action / Instruction
	SHC 2471A - CS/1110010163/Kbgj D.O.A - 12/05/2012 INC
	SJW 4347P - NS/INC 13010186/H1VN D.O.A - 04/06/2013 PIP
2/6/19	Whend PIP \$3403.18/3472. (Red: 2159.42, 3509)
	RECEIVED 24 JUN 2019

Date/Time, File Pass to?

☐: Preli. Report

1) 24th Typist

☒: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐: Site Insp (\$ \_\_\_\_\_)☐: Interview (\$ \_\_\_\_\_)☐: Tech. Invs (\$ \_\_\_\_\_)☐: Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Report Format: TP

Lump Sum / I.B.I: (\$ 3403.18)

160

eBaoTech

General Claim

Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="08/06/2019 14:14"/>
Vehicle No. (For Motor)	<input type="text" value="SJW4397P"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5103894234		EZ LEASING SERVICES PTE LTD	201712701M	GFT	drive CLASSIC	SJW4397P	SJW4397P	04/01/2019	

## Denise Tay (LKKAUTO)

**From:** MTCL@income.com.sg  
**Sent:** Friday, 21 June 2019 7:30 PM  
**To:** Denise Tay (LKKAUTO)  
**Subject:** FW: REQUEST CLAIM NUMBER

Hi,

Claim created

With Regards

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



At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify.  
Find out more at [income.com.sg/careers](http://income.com.sg/careers)

**in** with you

**From:** Denise Tay (LKKAUTO) [mailto:denisetay@lkkauto.com]  
**Sent:** Friday, 21 June 2019 1:50 PM  
**To:** MTCL@income.com.sg  
**Subject:** REQUEST CLAIM NUMBER

Dear Sir/Madam,

Request claim number

Date : 21/6/2019

S/No		Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1048463-002	SMRT TAXIS	SHC 2471A	SJW 4397P	08/06/2019	01:50	5448.36	3403.18

Best Regards,

Denise Tay | Case Handler  
LKK Auto Consultants Pte Ltd

## 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	08/06/2019 12:11
Date Of Accident	08/06/2019 01:50
Exact Location Of Accident	ALONG LOR MELAYU
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2471A
<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	IONIQ HYBRID
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	LIM ENG TECK
NRIC No	S1175348E
Date Of Birth	18/08/1955
Occupation	OUTDOOR
Date Of Driving Pass	22/08/1975
Driving Experience	43 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96605054
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 143 POTONG PASIR AVENUE 2 #11-22
Postcode	350143
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 - OPENING DOOR OF VEHICLE
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: : FEMALE

#### 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	SJW4397P
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RASHID BIN IBRAHIM
NRIC/Passport Number	S7804226E
Contact Number	91096799
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

RH REAR DOOR

No. Of Passenger (Including Driver)

**IMPORTANT NOTICE**

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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. 199303821R

Policyholder's Signature  
Date & Time:

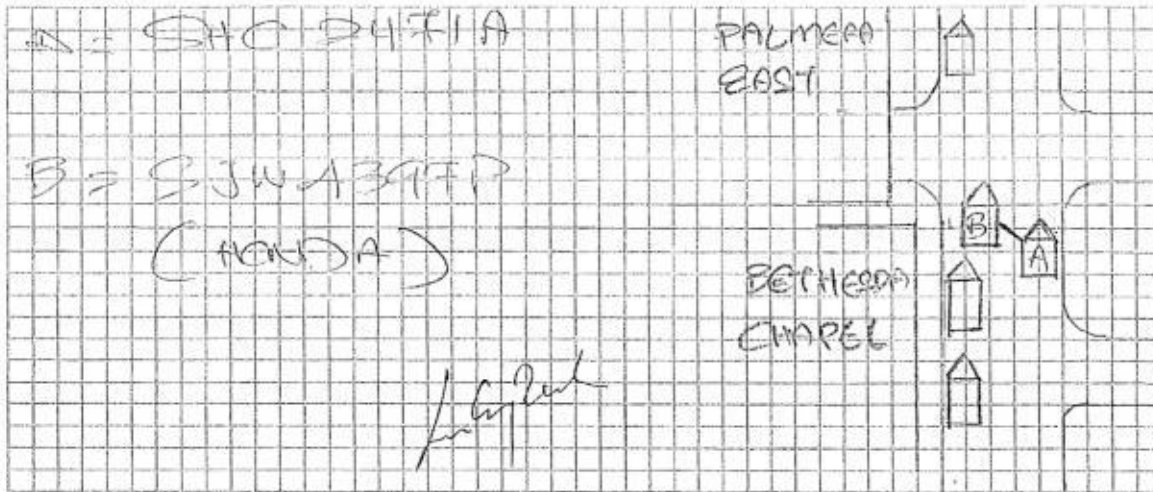
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

Olivia Wendy

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

08 JUN 2019

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LOR MELAYU

Statement as per attached.

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: Olivia Wendy  
NRIC/FIN No.: CA JUN 2019



## 3RDPARTYOPENDOOR

Describe Circumstances of the Accident.

On the 08/06/2019 @ about 01:50hrs, I was driving along Lor Melayu with 1 female passenger.

As I was driving suddenly there's a jerk on my left side of my taxi.

I stop to checked and found out a vehicle SJW4397P pax opened the right rear door and hit onto my left front, left front door and left wing mirror of my taxi.

No injury at the point of accident.

## Declaration

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

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

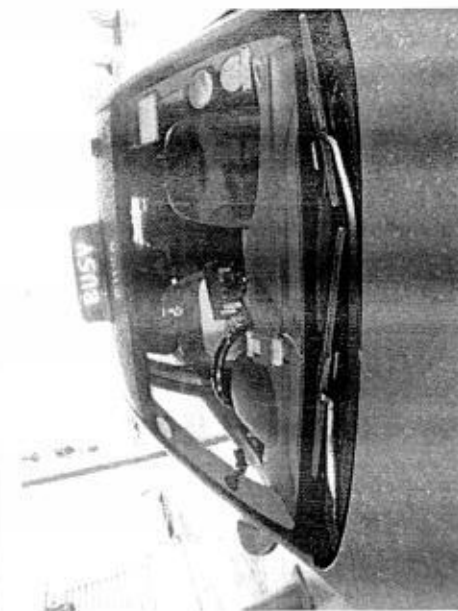
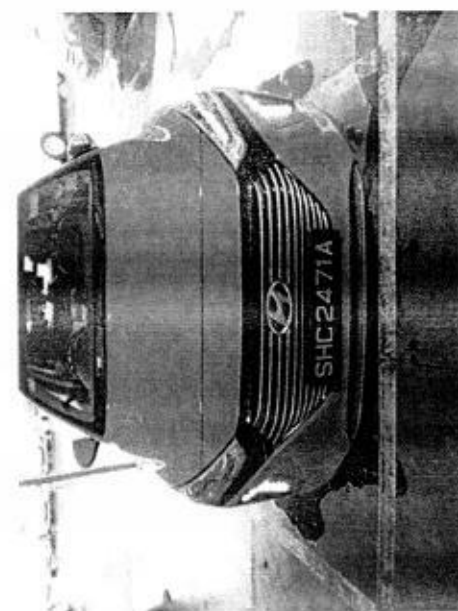
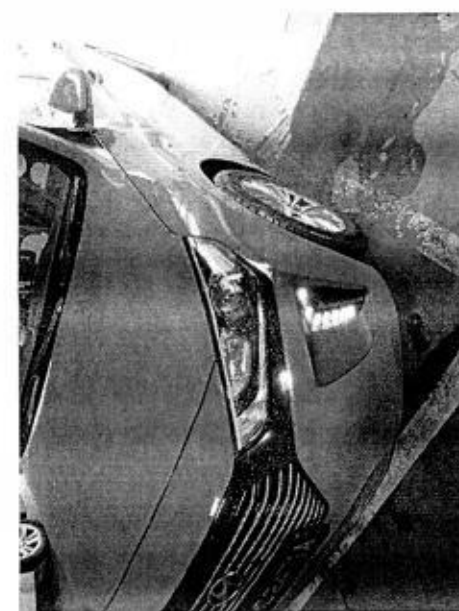
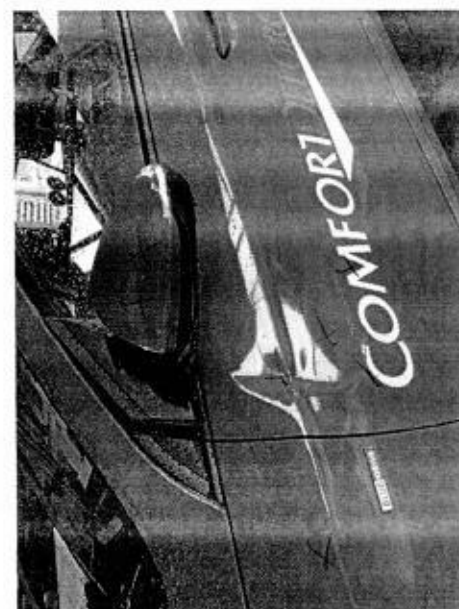
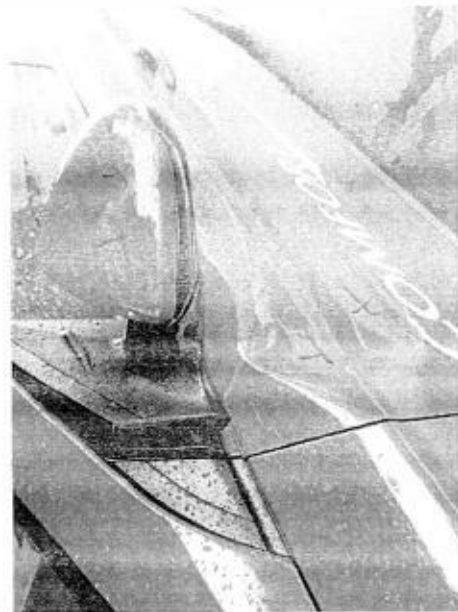
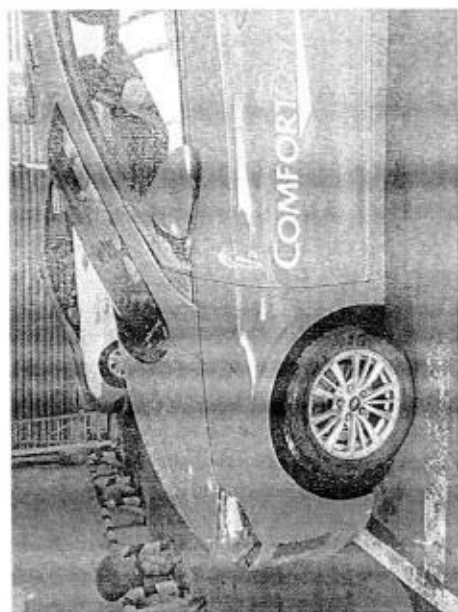
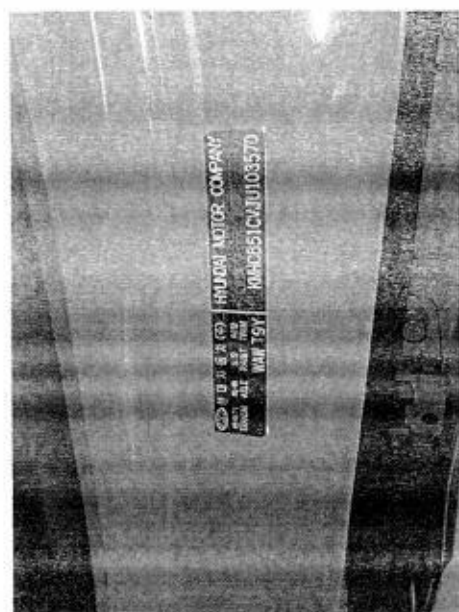
Policyholder's Signature/Date &  
Time

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

Oluf, Venet

Witnessed by Reporting  
Centre Personnel

08 JUN 2019



## REPAIR ESTIMATE\*

DATE 10/6/2019 11:11

**MODEL : HYUNDAI IONIQ**

Page 1 of 1

COMFORT

14/06/2019 10:03 2019 09/4

PAGE 1

## JOB CARD

Sales Order:

JC NO: 305301828

Team: ARC Repair TP(CLSO)1

COMFORT TRANSPORTATION PTE LTD  
7010045  
383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
65508755

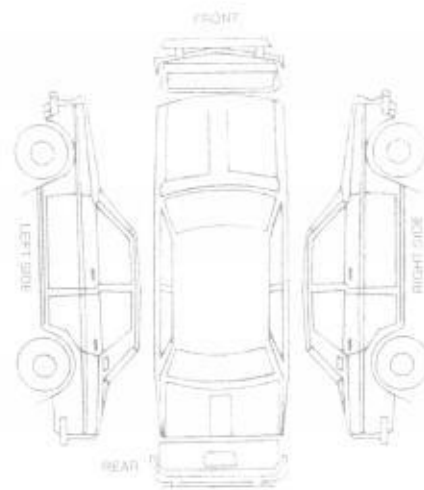
REGN NO.	SHC2471A	MILEAGE
MAKE	HYUNDAI	FUEL E.....1/2.....F
MODEL	IONIQ(G2)	DATE/TIME IN 08.06.2019 11:15
YR OF MANU	12.07.2018	TARGET DATE
CHASSIS CODE	KMHC851CVJU103570	COMPLETION DATE/TIME

NTUC

## JOB DESCRIPTION

Accident Date: 08.06.2019  
NATURE: 3P 08.06.2019

S/NO      LABOR CODE      DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

Job: SHC2471A

LKE

Vehicle No:

SHC2471A

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

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

JOB NO : 305301828  
 REGN NO : SHC2471A  
 MILEAGE : 0000000000  
 MAKE : HYUNDAI  
 MODEL : IONIQ(G2)  
 DATE OF REGN : 12.07.2018  
 DATE/TIME IN : 08.06.2019 11:15  
 ACCIDENT DATE : 08.06.2019

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0104-0593-G	IONIQ PANEL ASSY-FRONT DO	1 L	1,797.20	20.00	1,437.76
0002 04-01-0104-2537-G	IONIQV2 MIRROR ASSY-OUTSI	1 L	1,054.60	20.00	843.68
0003 04-01-0104-3813-G	IONIQ EMBLEM-BLUE DRIVE L	1 L	26.60	20.00	21.28
0004 04-01-0104-2599-G	IONIQV2&3 W/STRIP ASSY-FR	1 L	116.20	20.00	92.96
0005 28-01-0103-0003-A	(I40)FRT DOOR LOGO SONATA	1 N	75.00	10.00	67.50

SUB-TOTAL : 2,463.18

## JOB NATURE

0000 L	PANEL BEATING	400.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	450.00
0002 17-01	CHECK ALL LIGHTING	20.00
0003 20-00	TUFF COAT ON AFFECTED PARTS.	20.00
0004 20-02	REMOVE/REFIX DOOR PARTS TO ASSIST REP	50.00

SUB-TOTAL : 940.00

## COMFORTDELGRO ENGINEERING PTE LTD

Date: 14.06.2019

Time: 18:47:03

## REPAIR ESTIMATE

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 : 305301828  
REGN NO : SHC2471A  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : IONIQ(G2)  
DATE OF REGN : 12.07.2018  
DATE/TIME IN : 08.06.2019 11:15  
ACCIDENT DATE : 08.06.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 3,403.18

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

# COMFORTDELGRO ENGINEERING

Our Job Ref No 305301828  
Date : 20.06.19

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

## FINALIZATION FORM

To : LKK  
Attn : Mr KALVIN ANG  
Vehicle Reg No. SHC2471A CTPL

Fax :


08.06.19


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

1. The repair job shall bill to: NTUC SJW4397P
2. The finalized amount shall be:
 

(a) Spare Parts after List discount	<u>\$2,463.18</u>
(b) Labour Charges	<u>\$940.00</u>
<b>Total for Part-By-Part Repair Cost</b>	<b><u>\$3,403.18</u></b>
(c) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	<u>                    </u>
<b>Final Lumpsum Repair cost</b>	<u>                    </u>
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 :   
Name : LIM KWOK ENG  
Tel : 62148316  
Fax : 65468156

Signature :   
Name : Calvin  
Date : 21/6/19

### 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		NO		
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/INC19010271/K1td3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 27-06-2019  
189556



Code: INC4

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJW 4397P	Veh. Inspected	SHC 2471A
Policy No.	5103894234	Coverage (\$)	0.00
Claim No.	MT/1048463-002	Excess (\$)	0.00
Assign From		Assign Date	10/06/2019

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	KMHC851CVJU103570	Colour	BLUE
Odometer	131715	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	DURATURN	7 mm
L/H Front Tyre	195/65 R15	DURATURN	7 mm
R/H Rear Tyre	195/65 R15	DURATURN	7 mm
L/H Rear Tyre	195/65 R15	DURATURN	7 mm

### 4. Description of Damages

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

### 5. General Information

Accident Date	08/06/2019	Inspection Date	10/06/2019
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:	3 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. SHC 2471A**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	FRONT FENDER (LH)	TO REPAIR SEE LABOUR	490.70	-
1	FRONT DOOR (LH)	BUCKLED	1,797.20	1,797.20
1	FRONT DOOR MIRROR (LH)	BROKEN	1,054.60	1,054.60
1	FRONT WHEEL RIM (LH)	SERVICEABLE	1,124.20	-
1	FRONT DOOR (LH) WEATHERSTRIP	CUT	116.20	116.20
1	FRONT FENDER (LH) EMBLEM	NECESSARY	26.60	26.60
	LESS 20% DISCOUNT		-921.90	-598.92
			3,687.60	2,395.68
	<b><u>NETT ITEMS</u></b>			
1	FRONT DOOR COMFORT LOGO (LH)(N)	NECESSARY	75.00	75.00
	LESS 10% DISCOUNT		-	-7.50
			75.00	67.50
	<b><u>LABOUR</u></b>			
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF FRONT FENDER (LH).		800.00	400.00
	SPRAY PAINTING CHARGE.		700.00	450.00
	WIRING CHARGE.		50.00	20.00
	TUFF KOTE.		50.00	20.00
	TRANSFER OF DOOR.		120.00	50.00
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			1,800.00	940.00
	<b>GRAND TOTAL</b>		<b>5,562.60</b>	<b>3,403.18</b>
	<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>			<b>3,403.18</b>

Report Ref No. NS/INC19010271/K1td3n2

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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