

(08/11/13)

Surveyor: Kalvin

REF:

NS/INC19015444/K2yf302

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: GBE 9362XPolicy No. 5095703704-01 (08/11/2018 -)Claims No. MT/1060603-002

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: SHC 32144 Yr Regn: 2 My 219

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

Truck / Trailer or

Make: Toyota Prius C.C. 1728Colour: Blue A/C: Insured / Std / NI / NASp. Reading 29 775 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDK03F490308027

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 / GS / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 9 mm R/Bal. 9 mmL/Bal. 9 mm L/Bal. 9 mmD.O.A. 29/8/19 D.O.I. 30/8/19Survey held at C/DHE (Loyang)

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

Rear o/s

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

Date / Time	Action / Instruction
	<u>GBE 9362X : X</u>
	<u>SHC 32144 - 004/1331801169718/312 D.O.A. 29/8/19</u>
<u>5/9/19</u>	<u>Calculated P/P \$5648.83 / 3 P/P. (Red \$1716-22, 23%)</u>

RECEIVED 08 SEP 2019

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

6/9/19 TypistP/P = \$5648-83Days Of Repair: 3Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)Survey Fee: 160

Transportation: _____

S + RS, SI

Photos

TOTAL

160

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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[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 type="radio"/>	5095703704-01		SPECTRUM TYRES & BATTERIES PTE LTD	201529777M	GFT	Preferred Workshop Plan	GBE9362X	GBE9362X	08/11/2018	

TP Claims against NTUC Income: Follow-Through Survey

Date : 05/09/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1060145-002	COMFORT TRANSPORTATION PTE LTD	SHA5197H	SJJ9379C	29/08/2019	21:30	\$ 1,825.20
2	MT/1060603-002	COMFORT TRANSPORTATION PTE LTD	SHC3214U	GBE9362X	29/08/2019	20:00	\$ 7,365.05
3	MT/1060802-002	COMFORT TRANSPORTATION PTE LTD	SHA2771U	SKR2251D	31/08/2019	12:00	\$ 1,965.06

Claim received from LKK

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	30/08/2019 10:29
Date Of Accident	29/08/2019 20:00
Exact Location Of Accident	UPPER THOMSON RD TOWARDS LORNIE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3214U
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFTY@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	CHIA HENG BAH HENRY
NRIC No	S1239038F
Date Of Birth	25/02/1957
Occupation	OUTDOOR
Date Of Driving Pass	01/01/2000
Driving Experience	19 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97962743
Fax Number	
Contact Number	
Email Address	CHIAHENGBAHHENRY@YAHOO.COM

Address	29 13-314 GHIM MOH LINK
Postcode	270029
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?	
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

SEE ATTACH.

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	GBE9362X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT

No..Of Passenger (Including Driver)

LOPME RD

A = SHC 3214U

MEMORANDUM (L)

B = GBE 9362X
(TOYOTA DUNA)

↑ ↑ ↑ ↑ ↓

Car

UPPER THOMSON RD

Statement as per attached

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

AMERICAN ORIENTATION, INC. LTD.
C.S. REG. NO. 129203821R

Gloria Wendy

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

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

Describe Circumstances of the Accident.

On the 29/08/2019 @ about 20:00hrs, I was driving along Upper Thomson Rd towards Lornie Rd with ^{1 Female} passenger on board my taxi.

As I almost reached the junction of Marymount LN I slow down to stop when suddenly there's an impact from behind my taxi which cause my taxi to surged forward. To avoid with any collision with other vehicle I drove further up to the Shell Petrol Station to checked my taxi.

A Lorry of GBE9362X front portion had collided onto my rear right portion of my taxi.

No injury at the point of accident.

Declaration

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

Policyholder's Signature/Date &
Time

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

Witnessed by Reporting
Centre Personnel

30 AUG 2014



Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305328968

TOMER

VS

TOMER NO.

RESS

(R)

(P)

COMFORT TRANSPORTATION PTE LTD

7010045

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(O)

OUNT CARD NO.

REGN NO.:

SHC3214U

MILEAGE

MAKE:

TOYOTA

FUEL

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

MODEL

PRIUS HYBRID(G4)29.08.2019 22:10

DATE/TIME IN

YR OF MANU

02.05.2019

TARGET DATE

CHASSIS CODE

JTDKB3FU903080217

COMPLETION DATE/TIME:

JOB DESCRIPTION

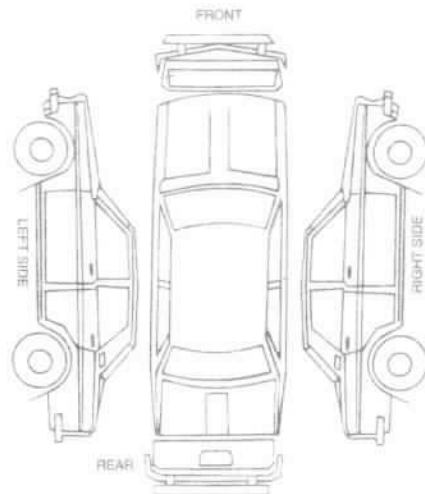
Accident Date: 29.08.2019

NATURE: 3P 29.08.2019

S/NO

LABOR CODE

DESCRIPTION



OKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

No.:

SHC3214U

CHIANG

Vehicle No.:

SHC3214U

f 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 : 305328968
 REGN NO : SHC3214U
 MILEAGE : 0000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(G4)
 DATE OF REGN : 02.05.2019
 DATE/TIME IN : 29.08.2019 22:10
 ACCIDENT DATE : 29.08.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0302-2256-G	PRIG4 PANEL SUB-ASSY BACK	1	1,126.60	25.00	844.95
0002	04-01-0302-2257-G	PRIG4 GLASS BACK WINDOW F	1	733.50	25.00	550.12
0003	04-01-0302-2258-G	PRIG4 GLASS BACK DOOR	1	1,778.30	25.00	1,333.72
0004	04-01-0302-2269-G	PRIG4 ORNAMENT SUB-ASSY B	1	47.00	25.00	35.25
0005	04-01-0302-2270-G	PRIG4 PLATE-BACK DOOR NAM	1	52.90	25.00	39.67
0006	04-01-0302-2271-G	PRIG4 PLATE-BACK DOOR NAM	1	52.90	25.00	39.67
0007	28-01-0302-0006-A	PRIVC REAR BOOT 65521111	1	30.00	10.00	27.00
0008	28-01-0302-2015-A	PRIVC REAR BONNET COMFORT	1	30.00	10.00	27.00
0009	28-01-9999-2025-A	APP LOGO REAR BONNET CTPL	1	40.00	10.00	36.00
0010	04-01-0302-2282-G	PRIG4 COVER REAR BUMPER	1	458.60	25.00	343.95
0011	04-01-0302-2287-G	PRIG4 GUARD-REAR BUMPER C	1	552.60	25.00	414.45
0012	04-01-0302-2288-G	PRIG4 REINFORCEMENT SUB-A	1	318.80	25.00	239.10
0013	04-01-0302-2286-G	PRIG4 COVER REAR BUMPER-T	1	82.70	25.00	62.02

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

JOB NO : 305328968
REGN NO : SHC3214U
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID
DATE OF REGN : 02.05.2019
DATE/TIME IN : 29.08.2019 22:1
ACCIDENT DATE : 29.08.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 5,648.80

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Our Job Ref No : 305328968

Date : 04/09/19

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHC3214U

29/08/2019

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

2 The repair job shall bill to: NTUC SKE8403L

2. The finalized amount shall be:

(a) Spare Parts after List discount \$4,798.83

(b) Labour Charges \$850.00

Total for Part-By-Part Repair Cost \$5,648.83

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less:

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 : 

Name : CHIANG

Tel : 62148314

Fax : 65468156

Signature : 

Name : KALVIN

Date : 5/9/19

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:

REPAIR ESTIMATE

VEHICLE NO: SHC 3214U

30/8/2019 12:51

MAKE :

MODEL : TOYOTA PRIUS

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
REAR TRUNK LID COVER <i>Replaced</i>			\$ 1,126.60
REAR TRUNK LID GLASS (BLACK COLOR) <i>ne</i>			\$ 733.50
GARNISH SUB-ASSY, BACK DOOR, OUTSIDE <i>100%</i>			\$ 889.70
REAR TRUNK LID LOGO(PRIUS) <i>ne</i>			\$ 52.90
REAR TRUNK LID LOGO(HYBRID) <i>ne</i>			\$ 52.90
REAR TRUNK LID LOGO(TOYOTA STAR) <i>ne</i>			\$ 47.00
REAR BUMPER <i>Replaced</i>			\$ 458.60
REAR BUMPER RE-INFORCEMENT <i>Replaced</i>			\$ 318.80
REAR BUMPER UNDER COVER <i>100%</i>			\$ 552.60
REAR BUMPER SIDE RETAINER <i>X 30</i>			\$ 112.70
REAR BUMPER TOWING COVER <i>100%</i>			\$ 82.70
REAR BUMPER CLIPS <i>ne</i>			\$ 22.00
RETAINER, REAR BUMPER, SIDE, RH <i>X 30</i>			\$ 94.80
SEAL, REAR BUMPER SIDE, RH <i>X repair</i>			\$ 148.40
TAIL LAMP ASSY (UPPER) (RH) <i>X 100%</i>			\$ 557.90
TAIL LAMP ASSY (LOWER) (RH) <i>X 100%</i>			\$ 548.40
REAR WINDSCREEN GLASS WITH MOULDING <i>ne</i>			\$ 1,778.30
SUB TOTAL			\$ 7,577.80
LESS 25%			\$ 1,894.45
DISCOUNTED TOTAL			\$ 5,683.35
REAR NO. PLATE WITH TRIM COVER <i>X 100%</i>			\$ 100.00
REAR TRUNK LID APPS STICKER <i>ne</i>			\$ 40.00
REAR TRUNK LID COMFORT & TEL NO. STICKER <i>ne</i>			\$ 60.00
REAR BUMPER REVERSE SENSOR <i>100%</i>			\$ 135.70
REAR WINDSCREEN SEALANT <i>X 100%</i>			\$ 46.00
			\$ 381.70
LABOUR CHARGE			
Panel Beating			\$ 400.00
Spray Painting Charge			\$ 600.00
Wiring Charge			\$ 50.00
Tuff Kote			\$ 50.00
Remove/Refix Rear Windscreen Glass			\$ 120.00
Remove/Refix Reverse Sensor			\$ 80.00
TOTAL LABOUR			\$ 1,300.00
ESTIMATE TOTAL			\$ 7,365.05

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.


**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/INC19015444/K1yf3e2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 10-09-2019	
			Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	GBE 9362X	Veh. Inspected	SHC 3214U	
Policy No.	5095703704-01	Coverage (\$)	0.00	
Claim No.	MT/1060603-002	Excess (\$)	0.00	
Assign From		Assign Date	30/08/2019	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA PRIUS	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2019	
Chassis No.	JTDKB3FU903080217	Colour	BLUE	
Odometer	29775	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	GOODYEAR	9 mm	
L/H Front Tyre	195/65 R15	GOODYEAR	9 mm	
R/H Rear Tyre	195/65 R15	GOODYEAR	9 mm	
L/H Rear Tyre	195/65 R15	GOODYEAR	9 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	29/08/2019	Inspection Date	30/08/2019	
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



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 3214U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR TRUNK LID COVER	BUCKLED	1,126.60	1,126.60
1	REAR TRUNK LID GLASS (BLACK COLOR)	NECESSARY	733.50	733.50
1	GARNISH SUB-ASSY, BACK DOOR, OUTSIDE	CRACKED	889.70	889.70
1	REAR TRUNK LID LOGO (PRIUS)	NECESSARY	52.90	52.90
1	REAR TRUNK LID LOGO (HYBRID)	NECESSARY	52.90	52.90
1	REAR TRUNK LID LOGO (TOYOTA STAR)	NECESSARY	47.00	47.00
1	REAR BUMPER	DEFORMED	458.60	458.60
1	REAR BUMPER RE-INFORCEMENT	BENT	318.80	318.80
1	REAR BUMPER UNDER COVER	CRACKED	552.60	552.60
1	REAR BUMPER SIDE RETAINER	SERVICEABLE	112.70	-
1	REAR BUMPER TOWING COVER	CRACKED	82.70	82.70
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	RETAINER, REAR BUMPER, SIDE, RH	SERVICEABLE	94.80	-
1	SEAL, REAR BUMPER SIDE, RH	TO REPAIR SEE LABOUR	148.40	-
1	TAIL LAMP ASSY (UPPER) (RH)	SERVICEABLE	557.90	-
1	TAIL LAMP ASSY (LOWER) (RH)	SERVICEABLE	548.40	-
1	REAR WINDSCREEN GLASS WITH MOULDING	NECESSARY	1,778.30	1,778.30
	LESS 25% DISCOUNT		-1,894.45	-1,528.90
			5,683.35	4,586.70
<u>NETT ITEMS</u>				
1	REAR TRUNK LID APPS STICKER (N)	NECESSARY	40.00	40.00
1	REAR TRUNK LID COMFORT & TEL NO. STICKER (N)	NECESSARY	60.00	60.00
1	REAR BUMPER REVERSE SENSOR (N)	SHORTED	135.70	135.70
	LESS 10% DISCOUNT		-	-23.57
			235.70	212.13
<u>SPECIAL NETT ITEMS</u>				
1	REAR NO. PLATE WITH TRIM COVER (SN)	SERVICEABLE	100.00	-
1	REAR WINDSCREEN SEALANT (SN)	NOT NECESSARY	46.00	-
			146.00	-

Report Ref No. NS/INC19015444/K1yf3e2



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 (\$)
	LABOUR			
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF SEAL, REAR BUMPER SIDE, RH.	NOT NECESSARY	400.00	300.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	WIRING CHARGE.		50.00	-
	TUFF KOTE.		50.00	20.00
	REMOVE / REFIX REAR WINDSCREEN GLASS.		120.00	100.00
	REMOVE / REFIX REVERSE SENSOR.		80.00	30.00
			1,300.00	850.00
	GRAND TOTAL		7,365.05	5,648.83

RECOMMENDED COST OF REPAIRS (CONFIRMED)			5,648.83
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Report Ref No. NS/INC19015444/K1yf3e2

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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