

08/11/13

Surveyor: Kevin

REF:

NS/INC 19015536/K24352

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: SKR 22510

Policy No. 5107245362 (29/01/2019 - 25/03/2020)

Claims No. MT/1060802-002

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: SHA 27714 Yr Regn: 20 Dec 2017

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

Make: Hyundai 240 c.c. 1685

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

Sp. Reading: 296463 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 1CM4LBY1UMH40999X2

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 HanKook

Front 7 mm Rear 7 mm

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

L/Bal. 7 mm D.O.A. 3/2/19 D.O.I. 2/9/19

Survey held at C/DHE (Loyang)

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

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

Date / Time	Action / Instruction
	SKR 22510 : X INC
	SHA 27714 : CCS/A1G15013311/H120302 D.O.A. 04/15/2015 PIP
5/9/19	Checked 11 5144.53 / 2 Hrs. (Red: 520.53: 26%)
RECEIVED 06 SEP 2019	

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

1) 619 Typst : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

Survey Fee:	
Transportation:	
S + RS: \$	
Photos	

Lump Sum / (BI) 1444.53

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	SJ9379C	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

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5107245362		KH LEASING PTE. LTD.	201611813C	GPC	drive CLASSIC	SKR2251D	SKR2251D	29/01/2019	25/07/2020

Continue

Workshops

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305329287

OMER

IS COMFORT TRANSPORTATION PTE LTD
 OMER NO. 7010045
 ADDRESS 383 SIN MING DRIVE
 Singapore SINGAPORE 575717
 (R) 65508755 (O)

NTUC

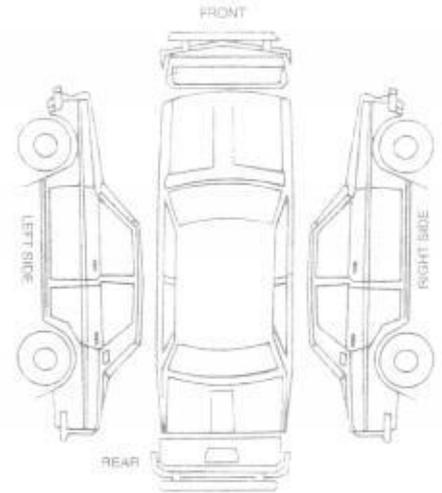
REGN NO: SHA2771U	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 31.08.2019 13:35
YR OF MANU 20.12.2017	TARGET DATE
CHASSIS CODE KMHLB41UMHU099942	COMPLETION DATE/TIME:

JOINT CARD NO.

JOB DESCRIPTION

Accident Date: 31.08.2019
 NATURE: 3P 31.08.2019

S/NO LABOR CODE DESCRIPTION



REMOVED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Exit Pass

Vehicle No.: **SHA2771U**

LKE

Kalvin

Vehicle No.: **SHA2771U**

Signature/Date

Signature/Date

Name of Service Advisor

Date

To be 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	02/09/2019 09:08
Date Of Accident	31/08/2019 12:00
Exact Location Of Accident	STEVENS RD X BALMORAL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA2771U
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	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 HUI HENG
NRIC No	S1202515G
Date Of Birth	29/08/1956
Occupation	OUTDOOR
Date Of Driving Pass	06/10/1976
Driving Experience	42 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91386586
Fax Number	
Contact Number	
Email Address	LIMHUIHENG56@GMAIL.COM

Address BLK 849 TAMPINES STREET 83
 #01-234
 Postcode 520849
 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 CHAIN 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 3
 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) 5

Passenger 1 NAME: : -
 GENDER: : MALE
 Passenger 2 NAME: : -
 GENDER: : FEMALE
 Passenger 3 NAME: : -
 GENDER: : FEMALE
 Passenger 4 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 SKR2251D
 Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LIM HAI SENG

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRONT AND REAR

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SHC3109R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

UNKNOWN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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:

MOORTHY
CSO

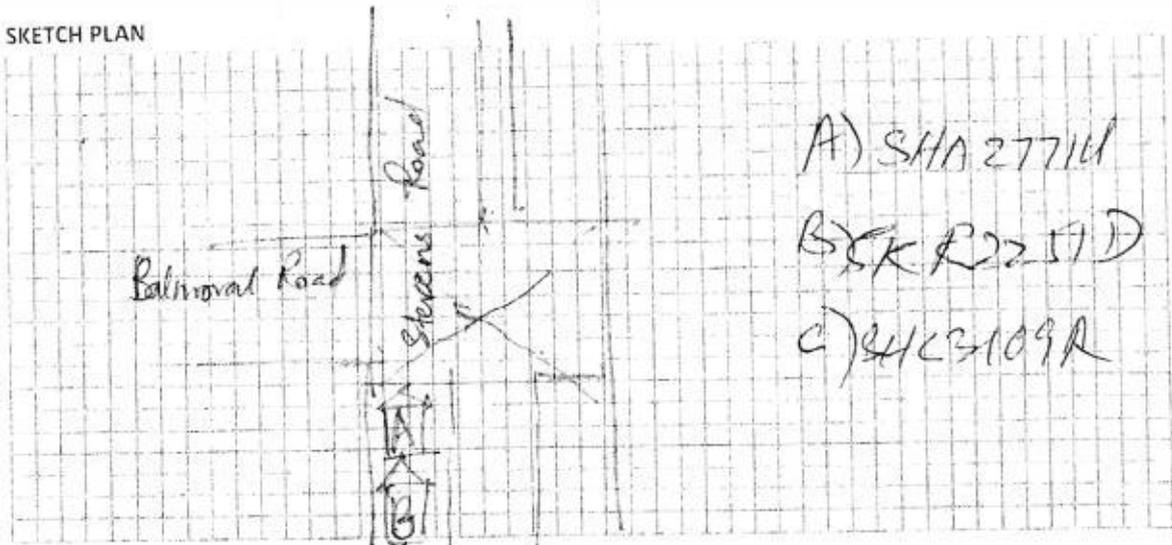
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

1/9/15

COMFORT TRANSPORTATION PTE LTD



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 31/8/13 at about 1200h, when I Veh A was just about to move forward after stopping before the traffic controlled T-junction, Veh B collided into the rear of my vehicle. When I came out to check, realized that Veh C was also involved in the chain collision.

DECLARATION

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

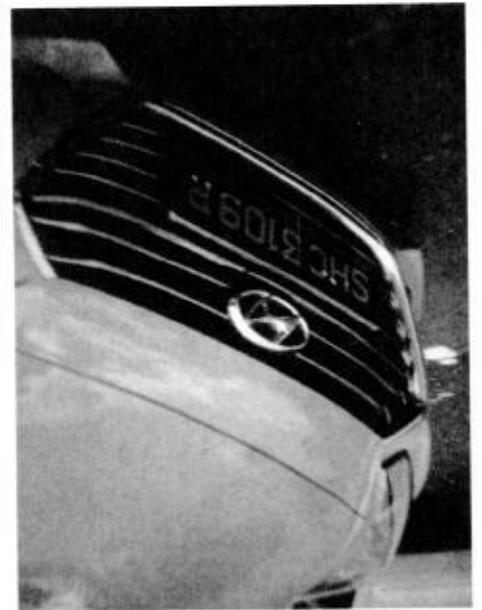
COMFORT TRANSPORTATION P.T. LTD.
CO REG NO. 199303821R

Policyholder's Signature
Date & Time:

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

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

1/9/13



COMFORTDELGRO ENGINEERING

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

Our Job Ref No 305329287
Date : 04.09.19

FINALIZATION FORM

To : LKK
Attn : Mr KALVIN ANG
Vehicle Reg No. SHA2771U CTPL

Fax :
31.08.19

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

1. The repair job shall bill to: NTUC SKR2251D
2. The finalized amount shall be:

(a) Spare Parts after List discount	\$764.53
(b) Labour Charges	\$680.00
Total for Part-By-Part Repair Cost	\$1,444.53
(c) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: 20%	
Final Lumpsum Repair cost	

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 : LIM KWOK ENG
Tel : 62148316
Fax : 65468156

Signature : 
Name : Calvin
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		NO		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

COMFORTDELGRO ENGINEERING PTE LTD

Date: 03.09.2019

REPAIR ESTIMATE

Time: 18:35:09

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 : 305329287
 REGN NO : SHA2771U
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 20.12.2017
 DATE/TIME IN : 31.08.2019 13:35
 ACCIDENT DATE : 31.08.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1	L	553.00	20.00	442.40
0002	04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10	L	22.00	20.00	17.60
0003	04-01-0103-0738-G	I40VC COVER-RR BUMPER LWR	1	L	228.00	20.00	182.40
0004	09-01-9999-0068-A	HYUNDAI REVERSE SENSOR AS	1	N	135.70	10.00	122.13

SUB-TOTAL : 764.53

JOB NATURE

0000	20-05	RENEW ADVERTISEMENT STICKER-					250.00
0001	L	PANEL BEATING					200.00
0002	23-502	SPRAYPAINT ON AFFECTED AREA					200.00
0003	20-22	REMOVE/REFIX REVERSE SENSOR					30.00

SUB-TOTAL : 680.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 03.09.2019

REPAIR ESTIMATE

Time: 18:35:09

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 : 305329287
REGN NO : SHA2771U
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 20.12.2017
DATE/TIME IN : 31.08.2019 13:3
ACCIDENT DATE : 31.08.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,444.53

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE*

VEHICLE NO : SHA 2771U

DATE 2/9/2019 11:31

MAKE :

Like

NTUC

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>- sktd</i>			\$ 553.00
	Rear Bumper Clip 10 pcs <i>- ne</i>			\$ 22.00
	Rear Bumper Bracket <i>x su</i>		\$ 35.60	\$ 71.20
	Rear Bumper Under Cover <i>- ct</i>			\$ 228.00
	SUB TOTAL			\$ 874.20
	LESS 20%			\$ 174.84
	DISCOUNTED TOTAL			\$ 699.36
	Rear Bumper Reverse Sensor <i>- sktd</i>		<i>-10%</i>	\$ 135.70
	Rear Bumper Advertisement Logo <i>- ne</i>			\$ 50.00
	Rear Bumper Rubber Mat <i>x ne</i>			\$ 50.00
	Rear Fender Advertisement Logo (LH/RH) <i>- ne</i>		\$ 100.00	\$ 200.00
				\$ 435.70
	Labour Charge			
	Panel Beating			\$ 400.00 <i>200</i>
	Spray Painting Charge			\$ 300.00 <i>200</i>
	Wiring Charge			\$ 50.00 <i>x 11</i>
	Remove/Refix Reverse Sensor			\$ 80.00 <i>30</i>
	TOTAL LABOUR			\$ 830.00
	ESTIMATE TOTAL			\$ 1,965.06

Kalvin 16/11/19
2/9/19 1325h
2 Days
PIP
Before Paint, etc

LK Auto Consultants hence notify the Repairer of the following:
 • For survey before/after spray painting
 • To display damaged parts during resurvey
 • Parts prices are subject to confirmation
 • Third party survey is on a "Without Prejudice" basis
 • No illegal modifications is allowed
 • Supplemental item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
 Signature:
 Date:

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/INC19015536/K1tf3s2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556	Date: 12-09-2019
Code: INC4	



1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKR 2251D	Veh. Inspected	SHA 2771U
Policy No.	5107245362	Coverage (\$)	0.00
Claim No.	MT/1060802-002	Excess (\$)	0.00
Assign From		Assign Date	02/09/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	KMHLB41UMHU099942	Colour	BLUE
Odometer	296463	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 REAR PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	31/08/2019	Inspection Date	02/09/2019
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.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 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 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 2771U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	DEFORMED	553.00	553.00
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
2	REAR BUMPER BRACKET @ \$35.60	SERVICEABLE	71.20	-
1	REAR BUMPER UNDER COVER	CUT	228.00	228.00
	LESS 20% DISCOUNT		-174.84	-160.60
			699.36	642.40
NETT ITEMS				
1	REAR BUMPER REVERSE SENSOR (N)	SHORTED	135.70	135.70
	LESS 10% DISCOUNT		-	-13.57
			135.70	122.13
SPECIAL NETT ITEMS				
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER RUBBER MAT	NOT NECESSARY	50.00	-
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @ \$100.00 (SN)	NECESSARY	200.00	200.00
			300.00	250.00
LABOUR				
	PANEL BEATING.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	REMOVE / REFIX REVERSE SENSOR.		80.00	30.00
			830.00	430.00
GRAND TOTAL			1,965.06	1,444.53
RECOMMENDED COST OF REPAIRS (CONFIRMED)				1,444.53

Report Ref No. NS/INC19015536/K1f3s2

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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