22/03/2005

ASS. REC. BY:

REF: CS/AG2190/7956/Kt-f3n2

Special Instruction:

Surveyor: Kenneth

ASSIGNMENT (Office)

From (Person): Ivy Ratilla of AGI Date/Time: 11/10/2019 @ 11.13am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SJR 9780J Insured: SJQ 7473P

at Workshop m/s Boh Loon Motor Tel: 9632 6857

of 176 Sin Ming Drive #06-07

Policy No: Claim No: C10004224/LA

Sum Insured: Excess:

Make of Veh: D.O.A. 4/10/2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

Date/Time: 11.25am @ 11/10/19 Person Contacted: Jeffrey Tan Vehicle IN / OUT

H.O.D. Endorsement:

Date/Time	Action/Instruction Estimate (✓)
	SJQ 7473P: X
	SJR 9780J: CS3/AXA1300369/Yzu2 DOA: 21/02/2013

ASS. REC. BY: Kenneth | REF: AG1/

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

QD / TP / WS / TP RES / QD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Boh Lee

of 06-07

Insured: _____

Policy No. _____

Claims No. _____

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 Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 4/2019 Person Contacted: _____ Vehicle: IN / OUT

Veh No: SJR 9780J Yr Regn: 07/09

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

Make: Toy Wish c.c 1797

Colour M. Silver A/C: Insured / Std / NI / NA

Sp.Reading 218032 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZGE20 - 0007397

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 185/65R15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	8 mm	R/Bal.	7 mm
L/Bal.	8 mm	L/Bal.	7 mm
D.O.A.	4/10/19	D.O.I.	11/10/19

Survey held at _____

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

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

Date / Time	Action / Instruction
/	File pass To
31/10	Liy @ 2050/- email & confirm (Red: IBI135: 46%)

RECEIVED 31 OCT 2019

Date/Time, File Pass to?

1) 31/10 Typist

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☑ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ S + RS _____ SI

Fixings _____

Others _____

TOTAL 250

Report Format : TP

Lump Sum / I.B.I: ($ 2050/-)

Nivitha (LKK Auto)

From:	Ivy Ratilla <ivy.r@budgetdirect.com.sg>
Sent:	Friday, 11 October 2019 11:13 AM
To:	Admin-D (LKKAuto)
Cc:	SUR; Loganathan Agoram
Subject:	TPPD Survey: Claim ref:C10004224/LA || OI- SJQ7473P (Black) TP- SJR9780J || Est:0.00 || Boh Loon Motor
Attachments:	TP PRS Request from Legiste Law.pdf

Hi Team,

We would like to arrange TP PRS for SJR9780J please. They have requested Mr. Kenneth Kong to survey the vehicle.

Workshop information:
M/s Boh Loon Motor Co.
No. 176 Sin Ming Drive
#06-07 Sin Ming Autocare
Singapore 575721
Contact person : Mr. Jeffrey tan
Mobile : 9632 6857

Please confirm. Thank you.

Regards,

Ivy Ratilla
Executive, Claims Admin

T +65 6540 2185
F +65 6725 0853
E ivy.r@budgetdirect.com.sg

Budget Direct insurance

Gold Trusted Service Award 2019 feefo

Customer Care +65 6221 2111
Claims +65 6221 2199
Claims (Int.) +65 6540 2199

190 Clemenceau Avenue, #03-01
Singapore Shopping Centre
Singapore
239924
budgetdirect.com.sg

auto general

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From: Legiste Law Corporation <advocates@legiste.com.sg>
Sent: Friday, 11 October 2019 10:47 AM
To: Ivy Ratilla <ivy.r@budgetdirect.com.sg>; Claims <claims@budgetdirect.com.sg>
Subject: YR REF: C10004224 [FMC.12209.19.TPK]

Dear Mdm

For your kind attention and action please

Gina Pat
(secretary)
M/s Legiste Law Corporation
Tel: 6227 9909
Fax: 6227 2767

From: Legiste Law Corporation <advocates@legiste.com.sg>
Sent: Thursday, 10 October 2019 9:43 AM
To: Claims <claims@budgetdirect.com.sg>
Subject: NOTICE OF ACCIDENT; YR INSURED M-VEHICLE NO. SJQ 7473P [FMC.12209.19.TPK]

Dear Sirs

Attn: Claims Officer in Charge

For your attention and action please

Gina Pat
(secretary)
M/s Legiste Law Corporation
Tel: 6227 9909
Fax: 6227 2767

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MB#1913235B / STA INSPECTION PTE LTD - Sin Ming
ENTRY DATE & TIME: 07/10/2019 11:18
SUBMITTED BY: Wang Lip Yong

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	07/10/2019 11:18
Date Of Accident	04/10/2019 20:15
Exact Location Of Accident	BKE TOWARDS WOODLANDS CHECK POINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

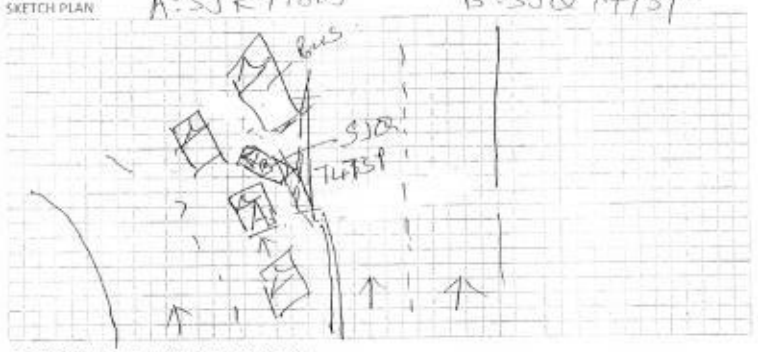
Vehicle Registration Number	SJR9780J
Insured/Policyholder	
Name Of Registered Owner	TAN PHUI KHWEE
NRIC No	S1600367J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96326857
Alternative Phone No	OFFICE-96326857
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104193601
Cover Note Number	
Driver	
Name of Driver	TAN PHUI KHWEE
NRIC No	S1600367J
Date Of Birth	08/09/1963
Occupation	OUTDOOR
Date Of Driving Pass	01/06/1981
Driving Experience	38 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96326857
Fax Number	
Contact Number	OFFICE-96326857
EMail Address	NOEMAIL

Address	BLK 243 BISHAN STREET 22 #23-280
Postcode	570243
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -
General Information of the Accident	
Type Of Accident	COLLISION - CHANGE/CROSS LANE
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)	3
Passenger 1	NAME: TIAN PU PING GENDER: FEMALE
Passenger 2	NAME: NA GENDER: FEMALE
Details of Police Action	
Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	**ROAD**: 20 BISHAN STREET 23 , **POSTCODE**: 579757 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-5529999 , **FAX NO**: 65561905
Was notice of intended Prosecution given?	NO
If Yes,against whom?	
Circumstances of Accident	
REFER POLICE REPORT AND ATTACHED	
Attachment(s)	
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons	VIDEO FOOTAGE WITH OWNER
Was there any audio recorded?	NO
Details of Witness 1	
Name	TIAN PU PING
Phone Number	94666096
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJQ7473P
Vehicle Make/Model/Colour	
Details Of Properties	REFER POLICE REPORT AND ATTACHED
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN A: SJR9780J B: SJQ7473P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As Police Report.

DECLARATION

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

Policeholder's Signature
Date & Time

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

Reporting Centre Personnel's Signature
Name
NRIC/FIN no.

SKETCH PLAN

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, regulatory, 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.

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/20191005/2134

Report No: T/2019/1005/2134

Police Station Of Origin:
Bishan N.P.C.
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
05/10/2019 22:31		155

Informant's Particulars

Name of Informant: TAN PHUI KHWEE			Address: APT BLK 243 BISHAN STREET 22 #23-280 SINGAPORE 570243	
ID Type / ID No: NRIC NO / S1600367J			Contact No.: Home/Office:	Mobile: 96326857
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 56	Date of Birth: 08/09/1963	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,2A,3,4,5	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 04/10/2019 20:15	Type of Location: Straight Road
Location: Along Road 1: BUKIT TIMAH EXPRESSWAY Towards Woodlands Checkpoint				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SJQ7473P	Car	PERODUA	MYVI SX 1.3L MT 2WD 5DR	Black		0
SJR9780J	Car	TOYOTA	WISH 1.8X A	Silver	Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date

SINGAPORE POLICE FORCE

T/2019100S/2134

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SJR9780J	NTUC Income Insurance Co-Operative Limited	5104193601	04/10/2018	23/01/2020

Brief Details.
On 4 Oct 2019 at 8.15pm, I was driving my car (SJR9780J) along BKE towards Woodlands Checkpoint. The traffic was congested and I have 2 passengers in the rear passenger seat.

Suddenly, a car (SJQ7473P) went across a chevron divider and cut into my lane from the right. As the car was filtering into my lane, it side swept against the front right portion of my car.

I honked towards the car and signalled for it to stop. However, the car went straight ahead and into Woodlands checkpoint. I noticed that there were about 4 to 5 youngsters in the car.

This caused my car to sustain dents and scratches on the front right portion.

I wish to state that I have an in-car camera installed. I am lodging this report for insurance claim purposes.

SINGAPORE POLICE FORCE

T/2019100S/2134

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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:
E /
Sgt 3 NUR MARISSA SYAQILA BINTE SAMSAIDI

Signature Of Interpreter:
Not applicable

SN 063

Signature Of Informant:

Date/Time:
05/10/2019 22:31

Officer In Charge Of Case (OIC) SIGNATURE:
TP / HRT /
Insp GOH GEOK LYE
Contact No: 65478148

Classification Of Case:

Authentication Stamp
NP150

BOH LOON MOTOR CO.
BLK 243, BISHAN STREET 22, #23-280, SINGAPORE 570243
H/P: 96326857 Registration No. 043820/00W

Mr. Tan Phui Khwee

ACCIDENT ON 4/10/2019 INVOLVING VEHICLES SJR9780J & SJQ7473P ALONG BKE TOWARDS WOODLANDS CHECKPOINT

SUPPLY:

1 pc.	Front bumper	$ 574.90
1 pc.	Front bumper side stay	$ 55.30
1 pc.	Front fender	$ 961.45
1 pc.	Front fender dustcover	$ 150.70
6 pcs	Front fender dustcover clips	$ 18.00
6 pcs	Front bumper clips	$ 21.00
1 pc.	Front sports rim	750.00

LABOUR:

1.)	To remove & refix front bumper, headlamps, grille, etc. To enable repairs, straighten where necessary.	$ 420.00
2.)	To chemical front bumper, spray painting affected parts.	$ 580.00
3.)	To transfer tyre to rim, balancing, etc	$ 100.00
4.)	to adjust camber, castor, wheel alignment.	$ 150.00
5.)	Rustproof affected parts.	$ 80.00
	TOTA	$ 3,861.35

bohloonmotor@hotmail.com

LKK Auto Consultants hence notify the Repairer of the following:
- To resurvey before any 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 modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933
TEL: 6256 3561 FAX: 6256 4315
Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

AUTO & GENERAL INSURANCE (S) PL

(BUDGET DIRECT INSURANCE)
190 CLEMENCEAU AVENUE #03-01
SINGAPORE SHOPPING CENTRESINGAPORE
239924

Ref : CS/AGI19017956/Ktd3n2

Date : 04-11-2019

Code : AGI

1. Policy Particulars :- THIRD PARTY CLAIM

	Insured Veh.	SJQ 7473P	**Veh. Inspected**	SJR 9780J
	Policy No.		**Coverage ($)**	0.00
	Claim No.	C10004224/LA	**Excess ($)**	0.00
	Assign From	IVY RATILLA	**Assign Date**	11/10/2019

2. Vehicle Particulars & Condition

	Make & Model	TOYOTA WISH (A)	**c.c**	1797
	Engine No.	HIDDEN	**Year of Reg.**	2009
	Chassis No.	ZGE200007597	**Colour**	METALLIC SILVER
	Odometer	218032	**Steering**	IN ORDER
	Brakes	IN ORDER	**Modification**	STANDARD ALLOY RIM
	General	GOOD		

3. Conditions of Tyres

		Size	**Make**	**Balance**
	R/H Front Tyre	195/65 R15	BRIDGESTONE	8 mm
	L/H Front Tyre	195/65 R15	BRIDGESTONE	8 mm
	R/H Rear Tyre	195/65 R15	BRIDGESTONE	7 mm
	L/H Rear Tyre	195/65 R15	BRIDGESTONE	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION.

DAMAGES SEE DETAILS.

5. General Information

	Accident Date	04/10/2019	**Inspection Date**	11/10/2019
	Survey held at	176 SIN MING DRIVE #06-07		
	Repairer	BOH LOON MOTOR COMPANY		

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**

LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJR 9780J

Qty	Description of Parts	Condition	Estimate By Workshop ($)	Our Adjusted ($)
	REPLACEMENT OF PARTS			
1	FRONT BUMPER	DENTED / CRACKED	574.90	574.90
1	FRONT BUMPER SIDE STAY	SERVICEABLE	55.30	-
1	FRONT FENDER	BENT	961.45	878.40
1	FRONT FENDER DUSTCOVER	CRACKED	150.70	150.70
6	FRONT FENDER DUSTCOVER CLIPS	NECESSARY	18.00	18.00
6	FRONT BUMPER CLIPS	NECESSARY	21.00	21.00
	LESS 25% DISCOUNT		-	-410.75
			1,781.35	1,232.25
	SPECIAL NETT ITEMS			
1	FRONT SPORTS RIM (SN)	SCRATCHED / DENTED	750.00	400.00
			750.00	400.00
	LABOUR			
	TO REMOVE & REFIX FRONT BUMPER,HEADLAMPS,GRILLE,ETC.TO ENABLE REPAIRS,STRAIGHTEN WHERE NECESSARY.		420.00	400.00
	TO CHEMICAL FRONT BUMPER,SPRAY PAINTING AFFECTED PARTS.		580.00	400.00
	TO TRANSFER TYRE TO RIM,BALANCING,ETC.		100.00	20.00
	TO ADJUST CAMBER,CASTOR,WHEEL ALIGNMENT.		150.00	60.00
	RUSTPROOF AFFECTED PARTS.		80.00	30.00
			1,330.00	910.00
	GRAND TOTAL		**3,861.35**	**2,542.25**

	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			**2,050.00**

Report Ref No. CS/AGI19017956/Ktd3n2

KSC

KONG SENG CHEONG

Licensed Appraiser