

(08/11/13)

Surveyor: Kalvin

REF: ^

NS/INC 19018103/K2sf307

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: PC 2800PPolicy No. 505489650-07 (28/09/2019 27/09/2020)Claims No. MT/1066625-002

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: SH 93235 Yr Regn: TY, 2018Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~o~~ / Prime Mover /

Truck / Trailer or

Make: Kia Insignia c.c. 1500Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 172858 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH C851CVJ 9105 x28

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: 195/65 R15

R: _____

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

TOYO / YOKO or Yokohama

Front _____ Rear _____

R/Bal. 9 mm R/Bal. 9 mmL/Bal. 9 mm L/Bal. 9 mmD.O.A. 13/10/19 D.O.I. 14/10/19Survey 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

PC 2800P: X

SH 93235: CC3/GN18014509/K2sf307 DOA: 20/10/2018

INC

PIP

21/10/19 Chl 1st 1st 2501.25 / 2019.(\$ 50.53 Red- 2%)

RECEIVED 22 OCT 2019

21/10/2019

Date/Time, File Pass to?

22/10/19

☐ : Prel. Report☒ : Final Report1) Typist

Date/Time, File Return to?

2)

Days Of Repair: 2Resurvey No. of Trip: 1Survey Fee: 160

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)

Photos _____

P/P \$ 2,501.25

160

eBaoTech

Hello, NAC_PAYA_UBI_800601

[My Desktop](#)
[Notice of Loss](#)

GeneralClaim

[Change Language](#)[Change Password](#)[Log Out](#)

Policy Query

Policy No.

Date of Accident

13/10/2019 08:22

Vehicle No.(For Motor)

PC2800P

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"/>	5054896520-07		JACK LIMO SRV	53187275X	GBS	Third Party, Fire & Theft	PC2800P	PC2800P	28/09/2019	27/09/2020

TP Claims against NTUC Income: Follow-Through Survey

Date : 21/10/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1066625-002	COMFORT TRANSPORTATION PTE LTD	SH 9323S	PC 2800P	13/10/2019	07:10	\$ 2,551.78	\$ 2,501.25
2	MT/1067179-002	COMFORT TRANSPORTATION PTE LTD	SH 9593D	SBU 990H	15/10/2019	15:10	\$ 7,731.74	\$ 3,800.00
3	MT/1067027-002	COMFORT TRANSPORTATION PTE LTD	SHD 3637C	SKL 8307U	15/10/2019	11:20	\$ 2,219.06	\$ 2,100.00

Claim received from LKK Auto

Date/Time: 14.10.2019 09:43

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305340926

CUSTOMER

MS COMFORT TRANSPORTATION PTE LTD

CUSTOMER NO. 7010045

RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

(R)

(P)

(O)

COUNT CARD NO.

REGN NO.:

SH 9323S

MILEAGE

MAKE:

HYUNDAI

FUEL

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

MODEL

IONIQ(G2)

DATE/TIME IN 13.10.2019 07:50

YR OF MANU

05.07.2018

TARGET DATE

CHASSIS CODE

KMHC851CVJU103428

COMPLETION DATE/TIME:

JOB DESCRIPTION

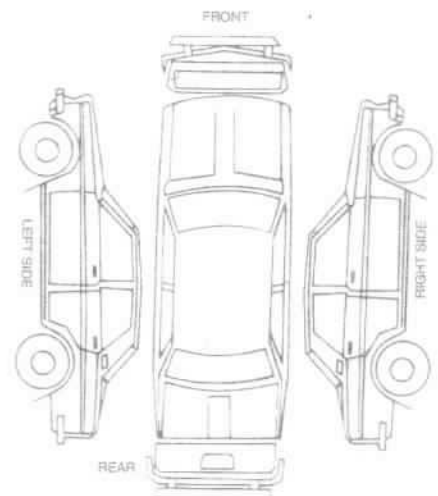
Accident Date: 13.10.2019

NATURE: 3P 13.10.2019

S/NO

LABOR CODE

DESCRIPTION



RECEIVED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Edge of Slip

Exit Pass

Vehicle No.: SH 9323S

CHIANG

Vehicle No.:

SH 9323S

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	14/10/2019 08:44
Date Of Accident	13/10/2019 07:10
Exact Location Of Accident	RAFFLES BOULEVARD X TEMASEK AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9323S
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	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	DIONG CHAY ING
NRIC No	S1791356E
Date Of Birth	29/10/1967
Occupation	OUTDOOR
Date Of Driving Pass	23/09/1993
Driving Experience	26 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87886851
Fax Number	
Contact Number	
Email Address	DIONGCI67@GMAIL.COM

Address	BLK 212 JURONG EAST STREET 21 #24-295
Postcode	600212
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?	YES
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	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	PC2800P
Vehicle Make/Model/Colour	MINI BUS
Details Of Properties	
Vehicle Category	BUS
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

DIONG CHAY ING

Approximate Age

Injuries Sustain

BACK, NECK, SHOULDER AND GIDDINESS

Injured person in which vehicle?

SH9323S

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

IMPORTANT NOTICE

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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. 198303821R

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: 18/10/19
NRIC/FIN No.:

GIA/AMC SketchPlanForm_V3



SKETCH PLAN

Temasek Ave

A) SM9323 S
B) P(2800 P

Stop

Raffles Boulevard

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/10/19 at about 0710hrs while I Veh A waiting at the traffic junction (Red) Veh B collided onto the rear of my vehicle. I felt pain on the neck, back, shoulder and also feeling dizzy. I will be consulting the doctor.

DECLARATION

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

COMI ORI 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:
NRIC/FIN No.:

GIAPMC SketchPlanForm_V3

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SH 9323S

DATE 14/10/2019 10:16

MAKE :

MODEL : HYUNDAI IONIQ

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 459.40
	Rear Bumper Centre Moulding Assy			\$ 451.25
	Rear Bumper Lower Centre Moulding Assy			\$ 155.00
	Rear Bumper Stay			\$ 138.10
	Rear Bumper Side Bracket (LH/RH)		\$ 33.10	\$ 66.20
	Rear Bumper Cover Clips			\$ 22.00
	<i>Rear Bumper Beam</i>		<i>\$294.50</i>	
	<i>Rear Bumper Fog Lamp</i>		<i>\$201.50</i>	
	SUB TOTAL			\$ 1,291.95
	LESS 20%			\$ 258.39
	DISCOUNTED TOTAL			\$ 1,033.56
	Rear No.Plake			\$ 25.00
	Rear No.Plake Trim Cover			\$ 30.00
	Rear Bumper Reverse Sensor			\$ 135.70
	Rear Bumper Rubber Mat			\$ 50.00
				\$ 240.70
	Labour Charge			
	Panel Beating			\$ 350.00
	Spray Painting Charge			\$ 50.00
	Wiring Charge			\$ 120.00
	Remove/Refix Reverse Sensor			\$ 770.00
	TOTAL LABOUR			\$ 2,044.26
	ESTIMATE TOTAL			\$ 2,044.26
				2551.78
				2051.78

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.

Our Job Ref No : 305340926
Date : 19/10/19

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

FINALIZATION FORM

To : NTUC
Attn : KALVIN
: SH9323S

Fax :

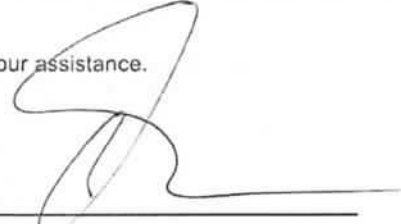
13/10/2019


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

1. The repair job shall bill to: NTUC PC2800P
2. The finalized amount shall be:
- | | |
|---|-------------------|
| (a) Spare Parts after List discount | <u>\$1,691.25</u> |
| (b) Labour Charges | <u>\$410.00</u> |
| Total for Part-By-Part Repair Cost | <u>\$2,501.25</u> |
| (c) Lumpsum Repair (if applicable) | |
| Total for Lumpsum repair cost after Less: | |
| 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 : CHIANG
Tel : 62148314
Fax : 65468156

Signature : 
Name : Kahr
Date : 20/10/19

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:

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 18.10.2019

Time: 16:37:54

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 : 305340926
REGN NO : SH 9323S
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 05.07.2018
DATE/TIME IN : 13.10.2019 07:50
ACCIDENT DATE : 13.10.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0104-2282-G	IONIQVC COVER-RR BUMPER#	1	459.40	20.00	367.52
0002	04-01-0104-2533-G	IONIQV2 MOULDING ASSY-RR	1	451.25	20.00	361.00
0003	04-01-0104-1150-A	IONIQVC PROTECTOR MAT	1	50.00		50.00
0004	04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60
0005	FNPS	NO PLATE(S)	1 N	55.00		55.00
0006	09-01-9999-0068-A	HYUNDAI REVERSE SENSOR AS	1	135.70	10.00	122.13
0007	04-01-0104-2288-G	IONIQ BEAM-RR BUMPER	1	294.80	20.00	235.84
0008	04-01-0104-3819-G	IONIQ STAY-RR BUMPER LH	1	138.10	20.00	110.48
0009	04-01-0104-3919-G	IONIQ STAY-RR BUMPER RH	1	138.10	20.00	110.48
0010	04-01-0104-2370-G	IONIQ LAMP ASSY-REAR FOG	1	201.50	20.00	161.20

SUB-TOTAL : 1,591.25

JOB NATURE

0000 PB	PANEL BEATING	480.00
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COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 18.10.2019

Time: 16:37:54

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 : 305340926
REGN NO : SH 9323S
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 05.07.2018
DATE/TIME IN : 13.10.2019 07:5
ACCIDENT DATE : 13.10.2019

JOB / PARTS DESCRIPTION		QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0001 SP	SPRAYPAINT CHARGE			400.00		
0002 20-22	REMOVE/REFIX REVERSE SENSOR			30.00		
SUB-TOTAL :						910.00
TOTAL :						2,501.25

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

**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/INC19018103/K1sf3e2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 22-10-2019

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	PC 2800P	Veh. Inspected	SH 9323S
Policy No.	5054896520-07	Coverage (\$)	0.00
Claim No.	MT/1066625-002	Excess (\$)	0.00
Assign From		Assign Date	14/10/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	KMHC851CVJU103428	Colour	BLUE
Odometer	172858	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	DAVANTI	9 mm
L/H Front Tyre	195/65 R15	DAVANTI	9 mm
R/H Rear Tyre	195/65 R15	DAVANTI	9 mm
L/H Rear Tyre	195/65 R15	DAVANTI	9 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	13/10/2019	Inspection Date	14/10/2019
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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 9323S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DEFORMED	459.40	459.40
1	REAR BUMPER CENTRE MOULDING ASSY	CRACKED	451.25	451.25
1	REAR BUMPER LOWER CENTRE MOULDING ASSY	SERVICEABLE	155.00	-
2	REAR BUMPER STAY LH/RH @\$138.10	BENT	276.20	276.20
2	REAR BUMPER SIDE BRACKET (LH/RH) @\$33.10	SERVICEABLE	66.20	-
10	REAR BUMPER COVER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER BEAM	CRACKED	294.80	294.80
1	REAR BUMPER FOG LAMP	CRACKED	201.50	201.50
	LESS 20% DISCOUNT		-385.27	-341.03
			1,541.08	1,364.12
<u>NETT ITEMS</u>				
1	REAR BUMPER REVERSE SENSOR (N)	SHORTED	135.70	135.70
	LESS 10% DISCOUNT		-	-13.57
			135.70	122.13
<u>SPECIAL NETT ITEMS</u>				
1	REAR NO PLATE (SN)	CRACKED	25.00	25.00
1	REAR NO PLATE TRIM COVER (SN)	CRACKED	30.00	30.00
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			105.00	105.00
<u>LABOUR</u>				
	PANEL BEATING.	NOT NECESSARY	500.00	480.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING CHARGE.		50.00	-
	REMOVE/REFIX REVERSE SENSOR.		120.00	30.00
			-	-
			-	-
			-	-
			1,170.00	910.00
GRAND TOTAL			2,951.78	2,501.25

Report Ref No. NS/INC19018103/K1sf3e2

RECOMMENDED COST OF REPAIRS (CONFIRMED)			2,501.25
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Report Ref No. NS/INC19018103/K1sf3e2

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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