

ASS. REC. BY:

REF: CS3/Asm 1018614/GC f302

Special Instruction:

SUNAJOR GQ

ASSIGNMENT (Office)

From (Person):

Lynn Khong

of

Asm (Axx)

Date/Time:

22.10.19 8.40a.m

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

FBJ 9995T

Insured:

PC 2562

at Workshop m/s

Kor2 Works

Tel:

6844 5938

of

53 ubi dr 1 #101-23

Policy No:

Claim No:

S9m02428

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

17.10.2019

CA / REV / REP. / REV 24 HRS

"up"

H.O.D. Endorsement:

Date/Time:

22.10.19 10.30a.m

Person Contacted:

Shu shan

Vehicle IN/OUT

Date/Time

Action/Instruction (X) Estimate

FBJ 9995T - NA/INC 19013458/24

DCA - 17/10/2019

PC 2562 - NA/INC 19013458/24

DCA - 17/10/2019

Dismantle: 23/10/2019

After repair: 31/10/2019

ASS. REC. BY:

REF:

Arm (AXA)

ASSIGNMENT

From:

Date: 22.10.2019

Veh No:

FBI9995T

Yr Regn:

28 Jan 2015

Estimated Cost:

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

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

Truck / Trailer or

400i

To Inspect Vehicle No:

FBI 9995T

Make:

SYM MAXSYM

c.c.

400

at Workshop m/s

Katz works

Colour

Black

A/C: Insured / Std / NI / NA

of 53 Ubi Ave 1 #101-22

Sp. Reading

85923

T/Radio: Insured / Std / NI / NA

Insured:

Eng/No:

RFGLXA902 ES 105402

Policy No.

C/No:

Claims No.

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: In order / Jammed / Leaked / Burnt or

(Client's Record)

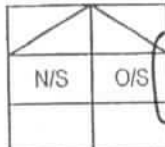
Brake: In order / Jammed / Leaked / Burnt or

Make of Veh:

Modi: N/A / S/Rim / STD A/Rim or

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Tyre Size:

F:

120/70-15

R:

150/70-14

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

TOYO / YOKO or

Bal. or Market Value:

\$5500

Front

Rear

IDAC Accident Rpt:

Consistent? : Yes or No

R/Bal.

mm

R/Bal.

mm

GIA / PR Seen:

Consistent? : Yes or No

L/Bal.

mm

L/Bal.

mm

Est. Repairs:

days

Res.: Yes or No

D.O.A.

17-10-19

D.O.I.

22-10-19

Lum Sum:

%

3 Val.: Yes or No

Survey held at

w/s

11:45

CA / REV / REP. / 24 HRS

up

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

Date:

Person Contacted:

Vehicle: IN / OUT

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

\$1000/year

\$3000 - \$4000

Date/Time, File Pass to?

☐

: Preli. Report

Days Of Repair:

4

1)

☐

: Final Report

Resurvey No. of Trip:

2

Date/Time, File Return to?

Survey Fee:

100

2)

Add Fee:

☐

: Site Insp (\$

Transportation:

) S + RS, SI

☐

: Interview (\$

) Photos

☐

: Tech. Invs (\$

) Other

☐

: Wheel end (\$

) TOTAL

100

Rep. Form:

PRS


Lump Sum / F.R. / C.

Service Request Details

Claim

S9M0242Q

Reference

None 

P: Shu Shan

Loss Date

October 17, 2019

T: 10.299.m

Report Date

Oct 21, 2019 4:25:00 PM

Request Date

October 22, 2019

Due Date

October 30, 2019

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pending verification - Direct Settlement

Actions

Next Step

Agree to perform service

[Decline Work](#)[Accept Work](#)

Vehicle Information

Incident Vehicle Registration #

FBJ9995T

Model

MAXSYM 400I CVT

Service Address

...

Primary Contact/Insured

SAHRUL TASHA TPT SVS

713 YISHUN STREET 71, #04-214, 760713, Singapore

65471626

NICKI@FLEXI-ASSURE.COM

Claim Handler

KHONG Lynn

68804892

lynn.khong@axa.com.sg

Additional Instructions

4

Messages

Invoices

History

Documents

Assessment

Metrics

Notes

[New Message](#)

DHIWAR Namrata

From: karzworks <karzworks.sg@gmail.com>
Sent: Monday, October 21, 2019 3:58 PM
To: SG AXA Insurance SM AXA SGP - Motor Survey
Cc: karzworks
Subject: [EXTERNAL] OUR REF : KK1910-26 // YOUR REF : PC256Z ACCIDENT INVOLVING PC256Z AND FBJ9995T
Attachments: GIA REPORT.PDF
Categories: Namrata

WITHOUT PREJUDICE

OUR REF : KK1910-26
YOUR REF : PC256Z

Dear Sir / Madam,
PRE-REPAIR INSPECTION FOR FBJ9995T
ACCIDENT INVOLVING PC256Z AND FBJ9995T ON 17.10.2019.

We refer to the above matter and enclosed herewith our client's GIA report and notification of Pre-repair inspection for your attention.

We also enclosed herewith the State Court of the Republic of Singapore Practice Direction-Amendment No. 1 of 2016 of 2016 of Pre-repair Inspection for your attention.

Regards,
Shu Shan
KARZ WORKS PTE LTD
53 Ubi Avenue 1
#01-23 Paya Ubi Industrial Park
Singapore 408934
Tel: 6844 5938
Fax: 6844 2474



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561

To : AXA Insurance Pte Ltd

11/11/2019

Survey details

Date of loss	17-Oct-19
Date of appointment	22-Oct-19
Date of survey	22-Oct-19
Location of survey	KARZ WORKS PTE LTD

Vehicle Details:

Claim Type:	Third Party
Vehicle number	FBJ 9995T
Make and Model	SYM MAXSYM 400I CVT
Date of registration	28-Jan-15
Excess	
Market Value	\$5,500
Parf Rebate	\$2,571
Nett Loss	\$2,929

Repair details

Initial Estimate	
------------------	--

Proposed/Revised repair cost:

Parts	
Check item	
Labour	
Total	
Lump Sum(if applicable)	

Number of days of repair	4
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Remarks:

The estimated repair cost of the damaged vehicle is in the region of
\$3,000.00 - \$4,000.00

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	981Z
Vehicle Details	
Vehicle No.:	FBJ9995T
Vehicle to be Exported:	No
Intended Deregistration Date:	23 Oct 2019
Vehicle Make:	SYM
Vehicle Model:	MAXSYM 400I CVT
Primary Colour:	Black
Manufacturing Year:	2014
Engine No.:	MU105608
Chassis No.:	RFGLXA902ES105402
Maximum Power Output:	-
Open Market Value:	\$5,196.00
Original Registration Date:	28 Jan 2015
First Registration Date:	28 Jan 2015
Transfer Count:	1
Actual ARF Paid:	\$780.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	27 Jan 2025
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$4,889.00
COE Rebate Amount:	\$2,571.00
Total Rebate Amount:	\$2,571.00

The information contained herein is correct as at 23 Oct 2019

OK

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	18/10/2019 17:36
Date Of Accident	17/10/2019 05:00
Exact Location Of Accident	TPE TWDS SLE BEFORE SELETAR EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ9995T
Insured/Policyholder	
Name Of Registered Owner	NUR SYABHANNA BTE YUSOFF
NRIC No	S1689981Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90822420
Alternative Phone No	OFFICE-90822420

Vehicle Particulars

Manufacturer	SYM
Model	MAXSYM 400I CVT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5069873440-04
Cover Note Number	

Driver

Name of Driver	SHAZALI BIN ROSDI
NRIC No	S7321679F
Date Of Birth	16/06/1973
Occupation	OUTDOOR
Date Of Driving Pass	26/11/1992
Driving Experience	26 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90822420
Fax Number	
Contact Number	OFFICE-90822420
Email Address	NOEMAIL

Address	BLK 362 TAMPINES STREET 34 #03-375
Postcode	520362
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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?	YES
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191017/2055.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC256Z
Vehicle Make/Model/Colour	TOYOTA HIACE
Details Of Properties	
Vehicle Category	BUS
Name of Driver	MOHAMED NOOR RASHID BIN MOHD KASSIM
NRIC/Passport Number	S7234814A
Contact Number	90115254
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	SHAZALI BIN ROSDI
Approximate Age	
Injuries Sustain	RIGHT FOOT, ELBOW & ARM
Injured person in which vehicle?	FBJ9995T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report **correctly** on the details of the accident to speed up the claims process.
- 2) This form must **be completed by the policy holder 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (ii) For complying with requirements under my regulations, laws or court orders.

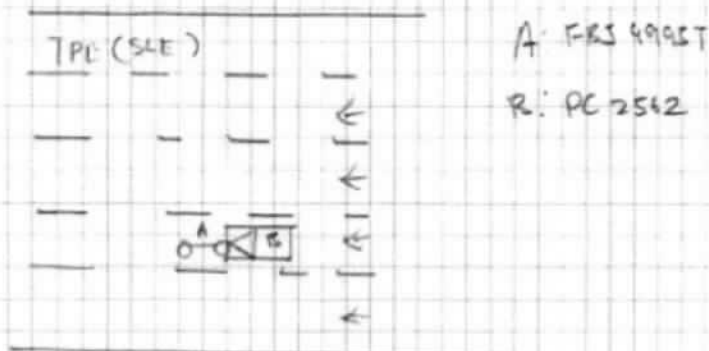
Policy holder's signature
Date / time:

Driver's signature
(if driver is not policy holder)
Date / time:

reporting centre personnel's Signature
Date / time:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along TPE (SLE) on one of the extreme Left lane, suddenly I felt a collision on the rear of my vehicle and I was flunged off from my vehicle due to the impact of the collision.

Two motorcycles stopped to render assistance to carry me and my bikes to the road shoulder.

Shortly after, the ambulance and TP arrived and I was conveyed to Khoo Teck Phoo hospital.

DECLARATION

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

Policy holder's signature
Date & time:

Driver's signature
(if driver is not policy holder)
Date & time:

reporting centre personnel's Signature
NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20191017/2055

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20191017/2055

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/10/2019 12:14		Vide Report No.: F/20191017/0044		Station Diary No.:	
Informant's Particulars					
Name of Informant: SHAZALI BIN ROSDI			Address: APT BLK 362 TAMPINES STREET 34 #03-375 SINGAPORE 520362		
ID Type / ID No.: NRIC NO / S7321679F			Contact No.: Home/Office: Mobile: 90822420		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 46	Date of Birth: 16/06/1973	Type of Informant: Rider		
Race:			Language:		Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: 2B,2A,2,3,4A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 17/10/2019 04:55	Type of Location:
Location: Along Road 1 TAMPINES EXPRESSWAY TPE(SLE) TOWARDS WOODLANDS AFTER JALAN KAYU FLYOVER				
Weather: Clear		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ9995T	Motorcycle					0
PC256Z	Van					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
POLICE FORCE**



T/20191017/2055

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20191017/2055

CONTINUATION OF REPORT

Name	Unknown		ID No.	NIL
Related Vehicle	PC256Z (Van)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Rider				
Name	SHAZALI BIN ROSDI		ID No.	S7321679F
Related Vehicle	NIL		Contact No.	90822420
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4A Date of Expiry: NIL
Date Treatment	17/10/2019		Date Discharge	17/10/2019
No. of Days granted Medical Leave	14	Degree of Injury	NIL	

Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME,

I WAS ON THE LEFT SIDE OF THE ROAD, AT AROUND JALAN KAYU AREA, I CHECKED MY LEFT MIRROR AND SAW THAT A WHITE VAN WAS APPROACHING ME RATHER QUICKLY, BEFORE I HAD A CHANCE TO MOVE MORE TO THE LEFT, THE VAN HAD COLLIDED WITH THE REAR PORTION OF MY BIKE. I FELL OFF MY BIKE AND THE BIKE WAS FLUNG FORWARD. I WAS INJURED AND WAS LYING ON THE ROAD, 2 OTHER MOTORCYCLIST CAME AND ASSISTED ME WITH GATHERING UP MY BELONGINGS THE OTHER DRIVER CAME AND CHECK TO SEE IF I WAS FINE. I DID NOT MANAGE TO EXCHANGE PARTICULARS WITH THE OTHER DRIVER AS I WAS IN PAIN. AFTER THE ARRIVAL OF THE TRAFFIC POLICE AND THE AMBULANCE, I WAS CONVEYED TO KHOO TECK PUAT HOSPITAL.

THAT IS ALL

Police Report



**SINGAPORE
POLICE FORCE**



T/20191017/2055

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20191017/2055

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:

TP /
LEE CHEN EN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

17/10/2019 12:14

Officer In Charge Of Case:

TP / GIT /
Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN
Contact No.: 65476185

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Authentication Stamp
NP168

Signature:



**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

Page No.:1 of 1

PRE-REPAIR INSPECTION REPORT				
AXA INSURANCE PTE LTD		Ref: CS3/ASM19018614/Gcf3e2		
8 SHENTON WAY #24-01 AXA TOWERSINGAPORE 068811		Date: 13-11-2019		
ATTN : LYNN KHONG		Code: ASM		
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	PC 256Z	Veh. Inspected	FBJ 9995T	
Policy No.		Coverage (\$)	0.00	
Claim No.	S9M0242Q	Excess (\$)	0.00	
Assign From	LYNN KHONG	Assign Date	22/10/2019	
2. Vehicle Particulars & Condition				
Make & Model	SYM MAXSYM 400I	c.c	400	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	RFGLXA902ES105402	Colour	BLACK	
Odometer	85923 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	120/70-15	PIRELLI	4 mm	
L/H Front Tyre			mm	
R/H Rear Tyre	150/70-14	PIRELLI	4 mm	
L/H Rear Tyre			mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY.				
5. General Information				
Accident Date	17/10/2019	Inspect Date / Time	22/10/2019 (11:45 AM)	
Survey held at	53 UBI AVE 1 #01-23			
Repairer	KARZ WORK SOLUTIONS			
5a. Remarks				
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE. C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS. D) THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$3,000-\$4,000				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		4 Working Days		

Report Ref No. CS3/ASM19018614/Gcf3e2

Inspected By

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor



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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