S. REC. BY: CKALL REF: CS ELIZON	CA. 40184. 2014
ASSI	
om: Date:	Veh No: QBB 7361C Yr Regn: 2009 1 0KC
limated Cost:	Type: M.Car / M.Cycle / Bus / Yan / Lorry / Taxl / Prime Mover /
D/TP/WS/TP RES/OD RES/EVA/INV/MV	Truck / Trailer or
Inspect Vehicle No: 688 7361 C	Make: FIAT DOBLO 1-3 M JTO c.c 1248
Workshop m/s COMFORT DELLRO	Colour MALTI A/C: Insured / Std / NI / NA
45 como hon	Sp.Reading 30 1279 T/Radio: Insured / Std / NI / NA
sured: ERGO	Eng/No:
Ney No.	CNO: ZFA 12300005694695 .
alms No.	Gen. Cond: Good (Fal) / Poor / Burnt
m Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnit or
ake of Veh;	Modi: NII / S/Rim / STD A/Rim or
	Tyre Size: F: 185/65R15
(Policy Condition)	R: 7 -
emark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	тоуо угоко ог
al. or Market Value:	Front Rear
DAC Accident Rport: Consistent? : Yes or No	R/Bal, b mm R/Bal, mm
GIA / PR Seen: Consistent? : Yes or No	L/Balmm L/Balmm
est Repairs: days Res.: Yes or No	D.O.A. 28/07/2020 D.O.I. 05/08/2020
.um Sum: % - 3 Val.: Yes or No	Survey held at Compart office
CA / REV / REP. / 24 HRS	Des. of Damages: Frt Rear OIS NIS UIC Rooftop or
Vehicle: IN / OU	
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
Finalised amount of \$ 6300 /	5 days of lump sum repair is confirmed
(RED: 4457.24; 41%)	
,	**
Dale/Time, File Pass to? : Prell. Report	Days Of Repair:
; Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Rebum to?	Transportation:
2) Add	Fee: : Site Insp (\$)s+Rssi
	: Interview (\$) Photos
Repediformal:	:Tech, Invs (\$) others
Lump Sum / LB.f: (%)	: Meel end (#
	TOTAL
•	
· · · · · · · · · · · · · · · · · · ·	· ·

COMFORTDELGRO ENGINEERING PTE LTD

Appendix A

45 Pandna Road S (609286) Tel: 68676919 Fax: 62626950

1			
1			
1-40			

GBB7361C		Submit By	:	C. W WONG	
el:	FIAT	DOBLO 1.3MJTD	Year Manufacture :	1000-00	2009
: -	ZFA22300005694695		Engine No.	:	199A20003217779
				8	TP

S/Order

		3/01	uei	• —		9	000000000000000000000000000000000000000
S/No.	Part Description	Qty	Original Cost Price	Nett Price	List Price	S- Nett Price	Diposition By Surveyor
1	LHS REAR TAIL GATE 11	1			\$1,831.41		
	REAR TAIL GATE WEATHERSTRIP PN-1	11			\$292.41		
	REAR TAIL GATE SIDE SEAL - PN-2	1			\$328.51		
	LHS REAR TAIL GATE LOCK UPPER 🗡	1			\$166.35		
	LHS REAR TAIL GATE LOCK LOWER CA	1			\$166.35		
_	LHS REAR TAIL GATE TRIM COVER CM	1		i i	\$250.20		
	SRD BRAKE LAMP	1			\$102.60		
	LHS LISENCE PLATE LAMP 7.	1			\$49.88		
	RHS LISENCE PLATE LAMP 7.	1			\$49.88		
	WIPER NOZLE JET 🗡	1			\$33.40		
11	LISTAIL LAMP CA	1			\$280.02		
12	LHS TAIL LAMP GARNISH CA	1			\$352.20		
	RHS REAR TAIL GATE - PN - 1 6+	1			\$1,718.36		
	RIIS REAR TAIL GATE LOCK UPPER – PN-8 🗡	1			\$167.96		
	RHS REAR TAIL GATE LOCK LOWER - PN - 9	1			\$166.35		
16	RHS TAIL GATE OUTER HANDLE - PN - 12	1			\$313.31		
	STICKER COMPANY DECAL - BACK, LHS & RHS REAR NA.	1				\$1,200.00	900
	STICKER - 70 KM/H	1				\$10.00	
	STICKER - 5 PAX (BLACK)	1				\$10.00	
	REAR NUMBER PLATE SUM	1				\$45.00	38
	WINDSCREEN SEALANT NA /	1				\$40.00	
	REAR WINDSCREEN INNER SEAL *** /	1				\$40.00	
23	REAR BUMPER - PN-7 de/	1			\$281.20		
	REAR BUMPER LHS GARNISH - PN-6 CM	1			\$241.68		
25	REAR BUMPER RHS GARNISH X-	1			\$241.68		
2€	REAR BUMPER RHS REFLECTOR - PN- 10 MU	1			\$37.62		
27		1			\$37.62		
28	LHS REAR BUMPER SENSOR ?	1			\$352.30		
29	RHS RERA BUMPER SENSOR 7,	1			\$352.30		
30		1			1	1	
		-			_		

Note: If any of the quoted parts are recommended to be repaired, then an additional labour charge will be charged accordingly under supplementary.

COMFORTDELGRO ENGINEERING PTE LTD

45 Pandan Road S (609386) Tel: 68676919 Fax: 62626950,68676903

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_	a	v	v	u	1

Vehicle No.	GBB7361C	Submit By	:	:	C. W WONG	
	FIAT	Year of Manufa	cture :		2009	
Make & Model	TIAI			-		

S/No	Labour Description	Esimated Price	Adjusted Price
1	TO REMOVE & REPLACE, RE ALIGN :LHS & RHS TAIL GATE ,REAR BUMPER ,AND AFFECTED AREA	\$1,200.00	700
2	TO PUTTY, SPRAY PAINT :RHS & LHS TAIL GATE AND AFFCETED AREA	\$800.00	400
3	TO CHECK WIRING	\$30.00	
4	TO REMOVE,RE FIT RHS&LHS TAIL GATE GLASS TO FACILILATATE FOR REPAIR	\$150.00	120
5	TO REMOVE,RE FIX LHS&RHS TAIL GATE TRIM COVER,LOCK,HANDLE TO FACILILATATE FOR REPAIR	\$200.00	(40
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F			
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E			

Note: The above estimate of repair is based on visual assessment of the external affected areas. Any additional damages observed during the course of repair will be quote accordingly as a supplementary.

COMFORTDELGRO ENGINEERING 45 Pandan Road S (609286)

ACCIDENT REPAIR ESTIMATES

Our Ref:			
Type of Claim : Own Dame	age	Vehicle No.	: GBB7361C
X 3rd Party		Make & Model	: FIAT / DOBLO 1.3MJTD
Windscree	en	Year of Manufacture	: 2009
Sec. 2		Chassis No.	: ZFA22300005694695
Ins Company : ERG	SO INS	Engine No.	: 199A20003217779
Excess :		Policy No.	:
VACOUNCE (1)	7/2020	Time of Accident	: 16.15 P.M
Suggested Days of Repair :	10 Day	In-house Vehicle Ass	essor
		Name	: C. W WONG
Repair Estimates		Name	. <u>0.11.11.01.0</u>
Parts (a) Cost Price Items	\$7,813.59	Signature	
Parts (a) Cost Price terms	Ψ1,013.33	Contact No	: 68676919 Or 97239882
Less 10 %	\$(781.35)		
(b) Nett Price Items		I IKE	Auto Con
0/		tne	Repairer of the follow
Less %		• 10	resurvey before/after same
(c) Special Nett Items	\$1,345.00	• Par	display damaged particle dimensions are a /
Total Parts Cost (Appendix A)	\$8,377.24	• 1 hii	rd party survey is on a "War-
Labour (Appendix B)	\$2,380.00	• No • Sup	illegal modification(s' is a managementary item; so —
Total Repair Cost	\$10,757.24	is su	ubject to final acc
The above total will be subjected to 7	7% G.S.T.	l a	owledged by Repairer
	Q.	74-74 m	۵٠
Name of Surveyor	: KASUL	L - 4p 900000	68
Company	: LKK		
Survey conducted on	: 05/08/	www_at	1210
Remarks By Surveyor	** !		
(a) The repair of this vehicle is au			e.
(b) Recommended Days of Repa		day(s)	232
(c) Resurvey	: Required / Not	Required	lans/L/s
(d) Excess	:\$,	
(e) Signature of surveyor	: / fu	Date	lap (4)s == 05/08/2020

Result after uper

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 witholding 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 29/07/2020 09:50 Date Of Accident 28/07/2020 16:15

Exact Location Of Accident SLIP RD FRM CLEMENTI AVE 6 TOWARDS AYE TUAS

Country/State of Loss SINGAPORE

HDETAILS OF OWN VEHICLES

Vehicle Registration Number GBB7361C

insured/Policyholder

F&N FOODS PTE LTD Name Of Registered Owner

1XXXXX390K Co Reg No

YANLI@FNNFOODS.COM **Email Address**

Mobile Phone No

Alternative Phone No OFFICE-64612425

Vehicle Particulars

FIAT Manufacturer

DOBLO-1.3 D JTD (M) Model

Exact Purpose for which vehicle was being used at TRANSPORTATION FOR WORK

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY

If No, Please state action to be taken

Vehicle Category

COMMERCIAL VEHICLE

NO

Insurance Company

Name of Insurance Company

ALLIED WORLD ASSURANCE COMPANY, LTD

Type Of Coverage

THIRD PARTY

Fleet Policy

YES

Policy Number

BVFCSB0013661900

Cover Note Number

Driver

Name of Driver CHENG KIAN YONG (ZHUANG QINYONG)

NRIC No SXXXX019A Date Of Birth 16/08/1981 Occupation OUTDOOR Date Of Driving Pass 04/09/2009

Driving Experience 10 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97646476

Fax Number Contact Number

EMail Address NOEMAIL BLK 194B BUKIT BATOK WEST AVENUE 6 #13-237 SINGAPORE

Address 652194

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

-

1

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?

I have been approached by unknown person(s) soliciting/offering accident claims assistences.

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER] TRAFFIC POLICE

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACH SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1:

Vehicle Registration Number GZ6140U

Vehicle Make/Model/Colour

NISSAN / CABSTAR / WHITE

Vehicle Category FRONT PORTION

Name of Driver

COMMERCIAL VEHICLE
TAN THIAM KIAT RAYMOND

NRIC/Passport Number SXXXX858J Contact Number 96865607 Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

EDETAILS OF INJURED PERSON 1

Hame Approxi φριοximate Age

njuries Sustain

njured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

CHENG KIAN YONG(ZHUANG QINYONG)

GBB7361C

YES

NO

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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
- 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:

- 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)
 - 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.(coilectively 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.

F & N FOODS PTE LTD

214 Pandan Loop Singapore 128405

Tel No. 6210 8108

Driver's Signature

(If driver is not the policyholder)

Date & Time: 22 17 20

人员 法自己共享法国共享的 四接 以他 HOMESC SERVICE STATE OF THE Carried flow

Reporting Centre Personnel's Signature Name: WONG CHEE WEI

NRIC/FIN No .: 172150996

Policyholder's Signature Date & Time:

1635pm.

7-7 7: GB87361C 3: GZ 614CU			Sketch Plan Pg. 2	
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT At CIDENT 16 18 pm, clement Ave 6 exit to App (Turs) in Scorped at Stop line to want for vehicles on Moon road to clear but exit and lowny GO2 CIYOU hit my rear of my vant DECLARATION LIVE declare the foregoing particular, are true in every respect. Polity-inducer's Signature Diver's Speciet 18 foregoing particular, are true in every respect. Polity-inducer's Signature 18 foregoing particular, are true in every respect.	CH PLAN		Clement,	
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT At about 16 18 pm, clement Ave 6 exit to Aye (Turs), im Stoyand at Stop line to want for vehicles on Main road to clear feet exit and loward G12 CI 400 hit my rear of my van DECLARATION I We dedate the foregoing particulars are true in every respect. Declaration Policyholden's signature Declaration Declaration Declaration I We declare the foregoing particulars are true in every respect. Declaration Policyholden's signature Declaration Declaration Declaration Reporting Centre Decreaming Signature Declaration Declaration Declaration Declaration Declaration Reporting Centre Decreaming Signature Declaration Declarati			Vie 6.	
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Policyholder's Signature Driver's Signature Oate & Time: (If driver is not the policyholder) AND CONSTRUCT Reporting Centre Personnel's Signature				
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Policyholder's Signature Driver's Signature Reporting Centre Personnel's Signature MONG CHEE	I/We dec	tare the foregoing p	articulars are true in every respect.	* Day of the control
Policyholder's Signature Driver's Signature Reporting Centre Personnel's Signature Oare & Time: Uf driver is not the policyholder NONC CHEE WELL			1	market fr
Date & Time: (If driver is not the policyholder)		1 1 4 4		THE SCONNIK THE STATES
Date & Time: (If driver is not the policyholder) Date & Time: 23/7/20 NRIC/FIN No.: 672180996	Policyholo	der's Signature		Reporting Centre Personnel's Signature
Date & Time: 128/7/20 NRIC/FIN NO.: 672/80996	Date & Ti	me:	(If driver is not the policyholder)	Name: WONG CHEE WET
G 71			Date & Time: 128/7/20	NRIC/FIN NO.: 672180996



1 of 3

No. of Pedestrians Injured: NIL

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

Report No. T/20200728/7029

Date/Time	Date/Time Report Made: 28/07/2020 20:37				Vide Report No.: T/20200728/7026					
Informant	's Partic	ulars		F = 1 14 1						
Name of Ir CHENG KI	formant: AN YON		LSING	ess: BLK 194B APORE 6 act No.:	BUKIT 52194	ваток	WEST	AVE	NUE 6 #13-237	
NRIC NO /	S81240	19A		e/Office:			Mobile	: 976	646476	
Nationality: SINGAPOR		EN	Email	l: heng1981(@gmail	.com				
Sex: Male	Age: 38	Date of Birth: 16/08/1981	Type Drive	of Informa r	nt:					
Race: Chinese		•	Langi Englis				Instituti	on /	School Name:	
Occupation SALES REF		ITATIVE	Drivin Class	g Licence : 3	Informa		Date of	Expi	rv:	
Accident: Location: CLEMENTI		E 6		Drive: No		ccident: 6/07/2020	16:05		Roundabout	
Weather: Cloudy		55	Road Dry	Road Surface: Dry					Road Speed Limit: 50 Km/h	
Traffic Flow: One Way				Traffic Control: Not Controlled					Traffic Volume: Moderate	
Type of Coli Between Mo	Rear					Anyone conveyed by ambulance: No				
Details of V	ehicle li	nvolved				were ye				
Vehicle No.	Туре	Make		Model	Colo	r	Condi	ition	No of Passenger	
GBB7361C	Van	THORSE STATE OF THE STATE OF TH							0	
Details of P	erson li	nvolved								
Any Pedestr										

Use of Pedestrian Crossing: NA

Police report Pg. 2



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



2 of 3 Report No. T/20200728/7029

CONTINUATION OF REPORT

Driver		the street of the	Maria Company	A STATE OF THE PARTY		
Name	CHENG KIAN YON	G	talent in the second	ID No	<u>).</u>	S8124019A
Related Vehicle	GBB7361C (Van)			Contact No.		97646476
Hospital/Clinic	HEALTHWAY MEDICAL CLINIC			Class Drivin Licen Expir	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date Di			harge	NIL	
No. of Days granted Medical Leave 04			Degree o		Sligh	

Brief Details.

The accident happened at Clementi Ave 6 exiting AYE Tuas. I am the first vehicle in the stop line waiting for the vehicle on the main road to clear. At that moment lorry (GZ6140U) hit my vehicle from the rear.

Accident report has been done with insurance company. Video is available but exceeding 2MB. Sustained minor back injury and has consult a doctor. 4 days medical leave has been given by the doctor.

Police report Pg. 3



T/20200728/7029

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20200728/7029

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch plan

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter. Not applicable	Date/Time: 28/07/2020 20:37
Officer In Charge Of Case: TP / TPHQ / WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp	

Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

In a part of the second				
Owner ID Type:				
Owner ID:	Company 390K			
I The state of the	5208			
Vehicle No:	CDDTV			
Vehicle to be Exported:	GBB7361C			
Intended Deregistration Date:	No.			
Vehicle Make:	05 Aug 2020			
Vehicle Model:	FIAT			
Primary Colour:	DOBLO 1.3MJTD			
	Silver			
Manufacturing Year:	2009			
Engine No.:	199A20003217779			
Chassis No.:	ZFA22300005694695			
Maximum Power Output:				
Open Market Value:	\$19,506.00			
Original Registration Date:	18 Dec 2009			
First Registration Date:	18 Dec 2009			
Transfer Count:	0			
Actual ARF Paid:	\$976,00			
and the state of t				
PARF Eligibility:	No			
PARF Eligibility Expiry Date:				
PARF Rebate Amount:	\$0.00			
- marketates) = taketates (dental)				
COE Expiry Date:	17 Dec 2024			
COE Category:	C - Goods Vehicle & Bus			
COE Period(Years):	5			
PQP Paid:	\$12.789.00			
COE Rebate Amount:	\$11.166.00			
Total Rebate Amount	\$11.166.00			

MCSCARE

Please note that all future COE renewals for this vehicle can only be for a Several period, subject to the statutors applicable) of the vehicle.

The information contained herein's correct as at 05 Aug 2020.

t.com/used_cars/info.php?ID=915466&DL=1099

Fiat Doblo 1.9JTD (COE till 07/2024)

Overview	Financial Accessories	Similar Resear	rch Photos Maj
Price	\$17,800	Lifespan	14-Jul-2029
Depreciation ①	\$4,510 /yr	Reg Date	15-Jul-2009 (3yrs 11mths 9days COE left)
Mileage	N.A.	Manufactured ①	2008
Road Tax	N.A.	Transmission	Manual
Dereg Value (-)	\$10,944 as of today (change)	OMV ②	\$21,018
COE	\$13,880	ARF ②	\$1,051
Engine Cap	1,910 cc	No. of Owners	2
Curb Weight (*)	1,300 kg		
Type of Vehicle	Van		

Description

2 Owners Only. Super Well Taken Care By Previous Owner. New Paint Work Done. Original Cushion. Great For Any Business Start Up. Very Popular Panel Van In The Market. Feel Free To Enquire And Arrange Viewing.

Category

COE Car