

**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

Tax Invoice

STRIDES PREMIER AUTOMOTIVE SERVICES PL.
60 WOODLANDS INDUSTRIAL PARK E4
SINGAPORE 757705

INV No. : SAC2400114

INV Date : 19-07-2024

Reference CS/SMR24060300/Kvh3e2

Code SMR

PROFESSIONAL SERVICE FEE

Vehicle No. SDZ 9988G

Insured Veh. SHF 48L

Claim No. TAX/06/24/2071

Policy No.

Accident Date 25/06/2024

Inspection Date 28/06/2024

Description	Amount
Survey Inspection	128.00
Resurvey Inspection	0.00
Digital Photographs	0.00
Transportation	0.00
Sub-Total	128.00
GST (9%)	11.52
Grand Total	139.52

We shall be glad if you could forward the payment at your earliest convenience.

Cheque should be crossed and made payable to **'LKK Auto Consultants Pte Ltd'**

LKK Auto Consultants Pte Ltd

KHM



LKK Auto Consultants Pte Ltd

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Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

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Affiliated to Federation Internationale Des Experts En Automobile

MS STRIDES PREMIER AUTOMOTIVE SERVICES PL.	Ref:	CS/SMR24060300/Kvh3e2
60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705	Date:	28/06/2024
	Code:	SMR

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHF 48L	Veh. Inspected	SDZ 9988G
Policy No.	-	Coverage	0
Claim No.	TAX/06/24/2071	Excess	\$0.00
Assign From	HUA YEN	Assign Date	28/06/2024

2. Vehicle Details

Make & Model	TOYOTA HARRIER (A)	C.C	1998
Engine No.	8ARZ107960	Year of Reg.	28/02/2018
Chassis No.	JTEZB3GHX0J001242	Colour	METALLIC PEARL WHITE
Odometer	192974 KM	Steering	IN ORDER
Brakes	IN ORDER	General	GOOD
Modification(s)	RIMS: STANDARD ALLOY RIM		

3. Conditions of Tyres

	Size	Make	Balance (mm)
R/H Front Tyre	235/55R18	MICHELIN	7
L/H Front Tyre	235/55R18	MICHELIN	7
R/H Rear Tyre	235/55R18	MICHELIN	6
L/H Rear Tyre	235/55R18	MICHELIN	6

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY.

DAMAGES SEE DETAILS.

5. General Information

Accident Date	25/06/2024	Inspection Date	28/06/2024
Survey held at	H C AUTO & MOTORS SERVICE - 160 SIN MING DRIVE #05-09 SIN MING AUTO CITY SINGAPORE 575722		

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: 7 Working Days



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO SDZ 9988G

REPLACEMENT OF PARTS				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	N/S SIDE MIRROR	DENTED/JAMMED	\$1,037.00	\$1,037.00
1	N/S SIDE MIRROR COVER	DENTED	\$89.50	\$89.50
1	N/S FRONT DOOR	BENT	\$1,460.00	\$1,460.00
2	N/S FRONT DOOR HINGE @\$87.20	TO REPAIR SEE LABOUR	\$174.40	\$0.00
1	N/S FRONT DOOR CHECKER	SERVICEABLE	\$195.00	\$0.00
1	N/S FRONT DOOR FRAME BLACK STICKER	NECESSARY	\$297.00	\$125.00
1	N/S FRONT DOOR INNER TRIM BOARD	MTG CRACKED	\$2,228.00	\$1,420.00
1	N/S FRONT DOOR INNER LOCK	DENTED	\$426.30	\$426.30
1	N/S FRONT DOOR RUBBER	SERVICEABLE	\$163.80	\$0.00
1	N/S FRONT DOOR OUTER MOULDING	BUCKLED	\$130.70	\$130.70
1	N/S FRONT DOOR MOULDING (LOWER)	NECESSARY	\$219.00	\$219.00
1	N/S FRONT DOOR OUTER HANDLE	DENTED/JAMMED	\$361.74	\$361.74
1	N/S FRONT DOOR OUTER HANDLE COVER	DENTED	\$79.26	\$79.26
1	N/S FRONT DOOR OUTER HANDLE FRAME	CRACKED	\$238.17	\$238.17
2	N/S FRONT DOOR OUTER HANDLE PAD @\$41.92	NECESSARY	\$83.84	\$83.84
1	N/S FRONT DOOR GLASS REGULATOR GEAR	BENT	\$209.60	\$209.60
1	N/S FRONT DOOR GLASS REGULATOR GEAR MOTOR	JAMMED	\$559.20	\$559.20
1	N/S REAR DOOR	BENT	\$1,619.00	\$1,619.00
1	N/S REAR DOOR RUBBER	SERVICEABLE	\$180.00	\$0.00
1	N/S REAR DOOR GLASS OUTER MOLDING	SERVICEABLE	\$125.70	\$0.00
1	N/S REAR DOOR OUTER MOLDING (LOWER)	NECESSARY	\$127.14	\$127.14
1	N/S REAR DOOR OUTER HANDLE	JAMMED	\$139.88	\$139.88
1	N/S REAR DOOR OUTER HANDLE COVER	SERVICEABLE	\$79.17	\$0.00
1	N/S REAR DOOR OUTER HANDLE FRAME	SERVICEABLE	\$238.17	\$0.00
2	N/S REAR DOOR OUTER HANDLE PAD @\$41.92	SERVICEABLE	\$83.84	\$0.00
1	N/S REAR DOOR GLASS REGULATOR GEAR	SERVICEABLE	\$198.26	\$0.00
1	N/S REAR DOOR GLASS REGULATOR GEAR MOTOR	SERVICEABLE	\$719.38	\$0.00
1	N/S REAR DOOR INNER TRIM BOARD	SERVICEABLE	\$1,519.98	\$0.00
1	N/S REAR FENDER	BENT	\$1,291.84	\$1,291.84
1	N/S REAR FENDER INNER GARNISH	SERVICEABLE	\$605.20	\$0.00



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REPLACEMENT OF PARTS				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	N/S REAR FUEL TANK CAP	TO REPAIR SEE LABOUR	\$84.76	\$0.00
1	REAR BUMPER FASCIA	SERVICEABLE	\$1,712.00	\$0.00
1	N/S TAIL LAMPS	CUT	\$731.94	\$581.90
1	N/S TAIL LAMPS LOWER BRACKET	SERVICEABLE	\$128.00	\$0.00
	LESS 25.00% DISCOUNT		(\$4,384.19)	(\$2,549.77)
			\$13,152.58	\$7,649.30

Special Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	REAR QUATER GLASS INNER SEAL (SN)	NECESSARY	\$120.00	\$30.00
1	REAR QUATER GLASS INNER GUM (SN)	NECESSARY	\$120.00	\$40.00
			\$240.00	\$70.00

Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	LABOUR CHARGES. INCLUSIVE OF THE REPAIR OF N/S FRONT DOOR HINGE AND N/S REAR FUEL TANK CAP	NOT NECESSARY	\$1,800.00	\$900.00
	TO PUTTY AND SPRAY PAINTING		\$1,600.00	\$1,100.00
	REFIX & REMOVE BUMPER SENSOR		\$150.00	\$0.00
	TO CHECK WIRING, DIAGNOSTIC, CLEAR FAULT CODE, REPAIR WIRING		\$350.00	\$20.00
	REMOVE AND REFIX REAR QUARTER GLASS		\$180.00	\$60.00
	REMOVE AND REFIX FUEL TANK PIPE		\$180.00	\$60.00
	REMOVE AND REFIX CHUSHION SEAT, CARPET, GARNISH		\$280.00	\$100.00
	TO RE-SEAL ANTI RUST		\$300.00	\$90.00
				\$4,840.00

GRAND TOTAL		\$18,232.58	\$10,049.30
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)		\$8,000.00
Report Ref No: CS/SMR24060300/Kvh3e2			



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KSC

KENNETH KONG SENG CHEONG

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 Actual 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 First Submission	26/06/2024 17:18 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	25/06/2024 18:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LORONG 18 GEYLANG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDZ9988G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WONG HOY KIM
NRIC No	SXXXX817J
Email Address	HKWONG9988@HOTMAIL.COM
Mobile Phone No	(Phone) +65-83339988
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1987

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D22MPC0010068_01

DRIVER

Name of Driver	WONG HOY KIM
NRIC No	SXXXX817J
Date Of Birth	12/07/1957
Occupation	Outdoor

Driving Pass Date	08/01/1990
Driving experience	34 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83339988
Alt. Phone Number	-
Email Address	HKWONG9988@HOTMAIL.COM
Address	215 BIDADARI DRIVE #06-665
Address complement	-
Postcode	361215
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	FEMALE
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHF48L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	LEE PANG HUAT
NRIC No	SXXXX474I
Contact Number	(Phone) +65-92311881
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	WONG HOY KIM
Gender	Male
Phone No	(Phone) +65-83339988
Address	215 BIDADARI DRIVE #06-665
Address Complement	-
Post Code	361215
Approximate Age Years Old	-
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	SDZ9988G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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 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

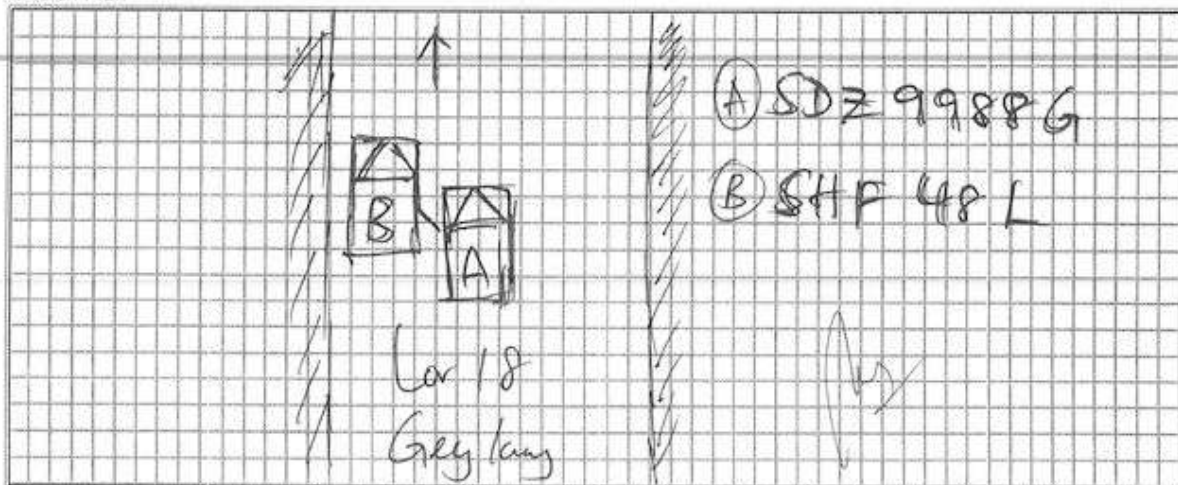
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

AS per police report no.: T/2024/0626/7033

[Handwritten signature]

Declaration

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

[Handwritten signature]
Policyholder's Signature / Date & Time

[Handwritten signature]
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



SINGAPORE POLICE FORCE



T/20240626/7023

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

1 of 3

Report No. T/20240626/7023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/06/2024 11:34		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: WONG HOY KIM			Address: 215A BIDADARI PARK DRIVE #06-665 SINGAPORE 361215		
ID Type / ID No.: NRIC NO / S2599817J			Contact No.: Home/Office: Mobile: 83339988		
Nationality: SINGAPORE CITIZEN			Email: HKWONG9988@HOTMAIL.COM		
Sex: Male	Age: 66	Date of Birth: 12/07/1957	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Private-hire car driver			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/06/2024 18:15	Type of Location: Straight Road
Location: LORONG 18 GEYLANG				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: The Taxi's Passenger open back door RH				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDZ9988G	Motor car	TOYOTA	HARRIER M GRADE	White	Seriously Damaged	1
SHF48L	Motor car		PRIUS HYBRID 1.8 CVT	Maroon	Seriously Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SDZ9988G	INDIA INTERNATIONAL INSURANCE PTE LTD	D22MPC0010068	28/02/2024	27/02/2025



**SINGAPORE
POLICE FORCE**



T/20240626/7023

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

2 of 3

Report No. T/20240626/7023

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WONG HOY KIM	ID No.	S2599817J
Related Vehicle	SDZ9988G (Motor car)	Contact No.	83339988
Hospital/Clinic	LIFELINE BISHAN MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	26/06/2024	Date Discharge	26/06/2024
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	Serious
Driver			
Name	LEE PANG HUAT	ID No.	S1252474I
Related Vehicle	SHF48L (Motor car)	Contact No.	92311881
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 (MC)	NIL	Degree of Injury	NIL

Brief Details.

On 25/06/2024 at about 1815hrs, While I was driving my motor vehicle A (SDZ9988G) along Lorong 18 Geylang. A motor vehicle B (SHF48L) Which was stopped at the road side of my left.

Keeping within my lane and I drive passed the taxi. Suddenly I felt an impact from my left side. Afterward I realised that was the vehicle B (SHF48L) passenger open the rear door RH, thus the rear door RH hit onto the left portion of my vehicle A (SDZ9988G).

On the next (26/06/2024) I went for medical checkup and got 3 days MC from the doctor.

I'm lodging this report to claim against the insurer of (SHF48L).

**SINGAPORE
POLICE FORCE**

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



T/20240626/7023

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Report No. T/20240626/7023

CONTINUATION OF REPORT

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:

26/06/2024 11:34

Officer In Charge Of Case:
TP / AEIT /
NORA BTE BACHOK
Contact No.: 65476172

Classification Of Case:

NP168

PHOTOGRAPHS FOR VEHICLE NO. : SDZ 9988G





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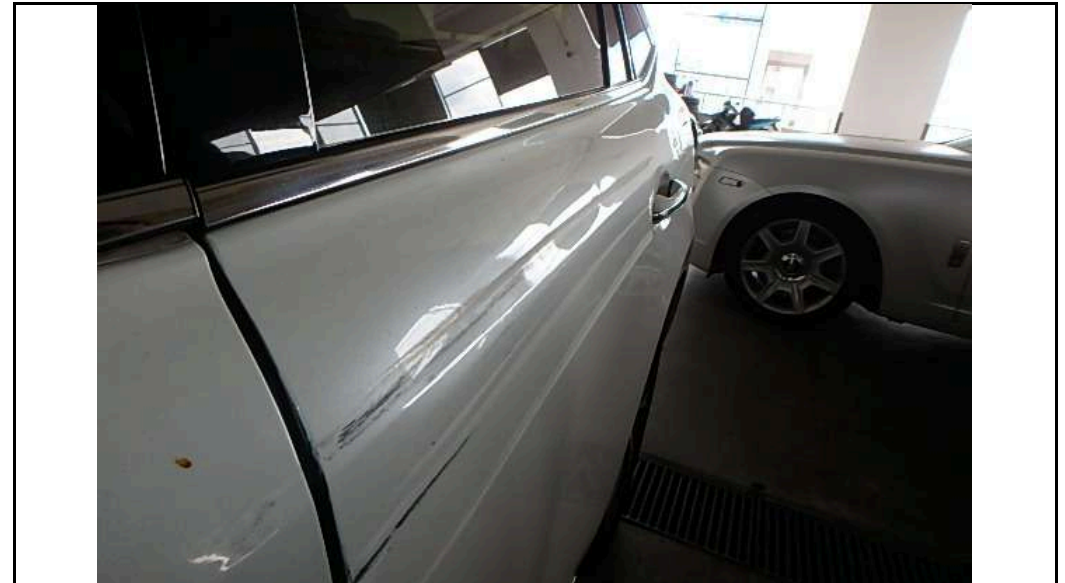
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INSPECTION PHOTOS (Page 2 of 6)

PHOTOGRAPHS FOR VEHICLE NO. : SDZ 9988G



PHOTOGRAPHS FOR VEHICLE NO. : SDZ 9988G





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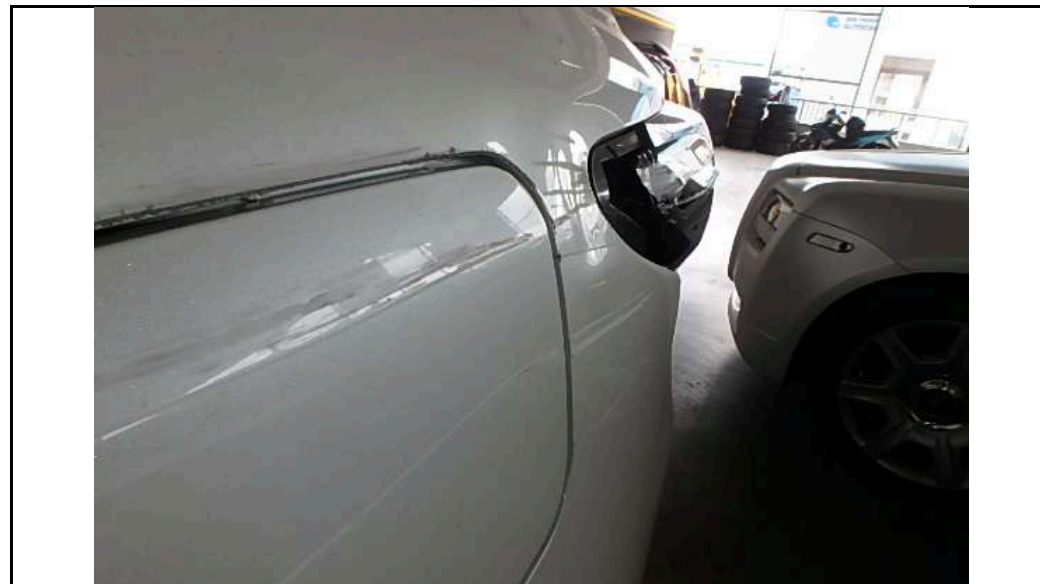
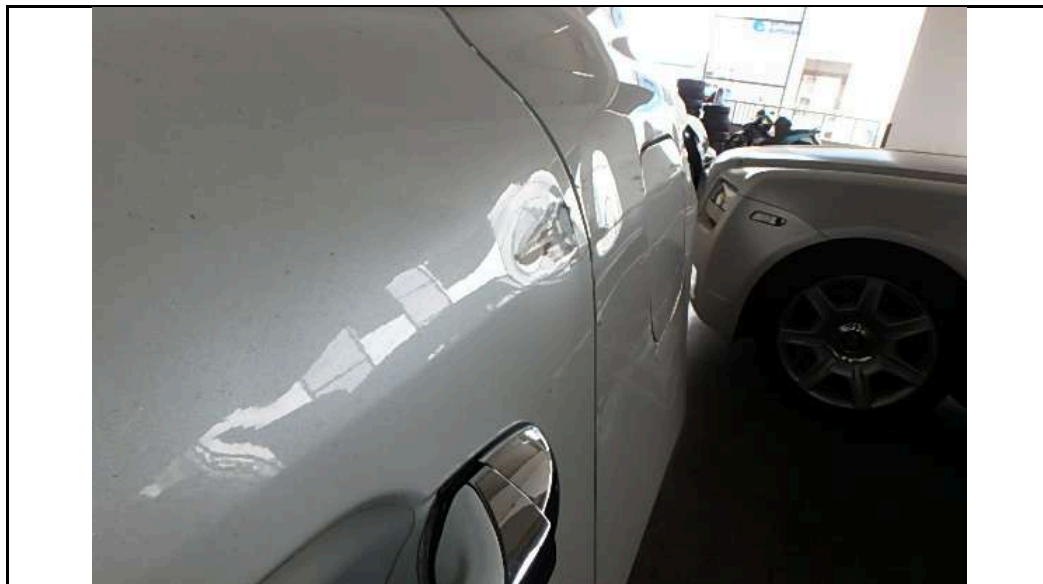
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INSPECTION PHOTOS (Page 4 of 6)

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INSPECTION PHOTOS (Page 6 of 6)

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REINSPECTION PHOTOS (Page 1 of 4)

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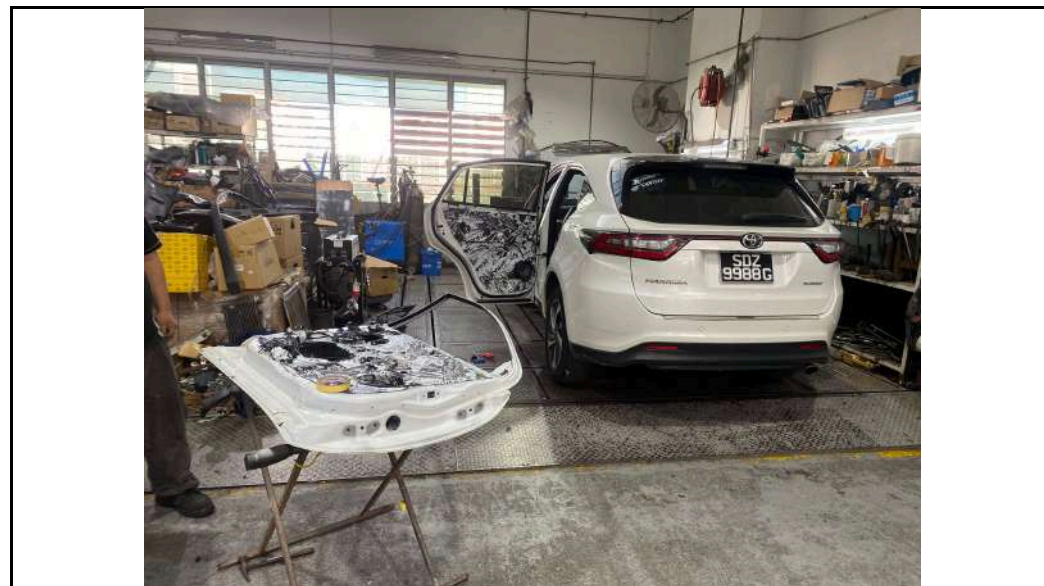
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REINSPECTION PHOTOS (Page 2 of 4)

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PHOTOGRAPHS FOR VEHICLE NO. : SDZ 9988G

