

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 INV No. AC2504584

60 WOODLANDS INDUSTRIAL PARK E4

SINGAPORE 757705

ATTN: HUA YEN

INV Date 17/07/2025

Reference CS/SMR24120222/Aqh3m4

(NT)

Code SMR

PROFESSIONAL SERVICE FEE

Vehicle No. SLV 2285Z

Insured Veh. SHB 5852U

Claim No. TAX/12/24/2038

Policy No.

Accident Date 11/12/2024

Inspection Date 16/12/2024

Description	Total
Survey Inspection	128.00
Resurvey Inspection	
Digital Photographs	
Transportation	
Subtotal	128.00
GST (9%)	11.52
Grand Total	139.52

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

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

LKK Auto Consultants Pte Ltd

SML



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	Affiliated to Federation Internationale Des Experts En Automobile								
	STRIDES PREMIE	R AUTOMOTIVE SERVICES PL	Ref:	CS/SMR24120222/Aqh3m4 (N)					
	60 WOODLANDS I E4SINGAPORE 75	NDUSTRIAL PARK 7705	Date	: 17/07/2025					
	ATTN: HUA YEN		Code	e: SMR					
1.		Policy Particulars :	- THIRD PARTY CLA	IM					
	Insured Veh.	SHB 5852U	Veh. Inspected	SLV 2285Z					
	Policy No.		Coverage (\$)	0.00					
	Claim No.	TAX/12/24/2038	Excess (\$)	0.00					
	Assign From	HUA YEN	Assign Date	16/12/2024					
2.	Vehicle Particulars & Condition								
	Make & Model	TOYOTA C-HR	c.c	1797					
	Engine No.	HIDDEN	Year of Reg.	2017					
	Chassis No.	ZYX102076203	Colour	SILVER					
	Odometer	270382 KM	Steering	IN ORDER					
	Brakes	IN ORDER	Modification	SPORTS RIM					
	General	GOOD							
3.		Condition	ons of Tyres						
		Size	Make	Balance					
	R/H Front Tyre	225/50R18	GITI	6 mm					
	L/H Front Tyre	225/50R18	GITI	6 mm					
	R/H Rear Tyre	225/50R18	GITI	6 mm					
	L/H Rear Tyre	225/50R18	GITI	6 mm					
4.		Description	on of Damages						
	THE VEHICLE SUS	STAINED DAMAGES AT THE REA	AR PORTION.						
	DAMAGES SEE DI	ETAILS.							
5.		General	Information						
	Accident Date	11/12/2024	Inspection Date	16/12/2024					
	Survey held at	TSL AUTO PRO SELECTION PT	TE LTD						
		BLK 1 KAKI BUKIT AVENUE 6 #01-06 AUTOBAY @ KAKI BUKI SINGAPORE 417883	Т						
5a.		Re	emarks						
		N WAS CONDUCTED ON A"WIT E TO YOUR INSTRUCTIONS, W							
5b.		Estimate I	Days of Repair						
	ESTIMATED NORM	MAL PERIOD FOR REPAIR:	6 Wc	rking Days					



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 3

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLV 2285Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	REAR BUMPER	DEFORMED	855.10	855.10
2	REAR BUMPER SIDE HOLDER @112.20	NOT NECESSARY	224.40	-
2	REAR BUMPER SIDE GRILLE @187.00	O/S DEFORMED	374.00	187.00
2	REAR BUMPER SIDE GRILLE REFLECTOR @59.00	O/S CRACKED	118.00	59.00
1	REAR BUMPER TOW COVER	DEFORMED	27.70	27.70
1	REAR BUMPER LOWER GARNISH	DEFORMED	465.10	465.10
1	REAR BUMPER REINFORCEMENT	DENTED	352.70	352.70
2	REAR BUMPER UNDERCOVER @189.20	NOT NECESSARY	378.40	-
1	REAR BUMPER LOWER GARNISH REFLECTOR	DEFORMED	145.40	145.40
2	REVERSE SENSOR @250.00	DAMAGED	500.00	500.00
2	REAR BLIND SPOT MODULE @1715.50	NOT NECESSARY	3,431.00	-
1	REAR END PANEL	DENTED	731.40	731.40
1	REAR END PANEL TOP GARNISH	DEFORMED	347.40	347.40
1	REAR END PANEL ANTENNA SENSOR	CRACKED	106.90	106.90
2	TAILLAMP @747.80	O/S CRACKED	1,495.60	747.80
2	TAILLAMP LOWER BRACKET @49.50	O/S CRACKED	99.00	49.50
1	TAILGATE	TO REPAIR SEE LABOUR	1,112.50	-
1	TAILGATE LOCK	NOT NECESSARY	389.40	-
1	TAILGATE LOCK COVER	NOT NECESSARY	29.40	-
1	TAILGATE LOCK STRIKER	NOT NECESSARY	105.50	-
1	TAILGATE WEATHERSTRIPE	CUT	371.40	371.40
1	TAILGATE OUTER GARNISH	NOT NECESSARY	882.20	-
1	TAILGATE INNER TRIM BOARD	NOT NECESSARY	386.70	-
1	TAILGATE INNER PULL POCKET	NOT NECESSARY	38.40	-
1	TAILGATE GLASS MOULDING	NOT NECESSARY	158.40	-
1	TOYOTA LOGO	NOT NECESSARY	72.20	-
1	CHR WORDING	NOT NECESSARY	55.60	-
1	HYBRID EMBLEM	NOT NECESSARY	121.40	-
2	REAR FENDER INNER TRIM @499.50	NOT NECESSARY	999.00	-
2	REAR FENDER INNER SHIELD @195.20	NOT NECESSARY	390.40	-

Report Ref No. CS/SMR24120222/Aqh3m4(N)



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.:2 of 3

ty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
1	SPARE TYRE PANEL	TO REPAIR SEE LABOUR	1,350.40	-
1	SPARE TYRE PANEL TOP COVER	DEFORMED	591.70	365.00
1	TOOLS TRAY SPONGE	NOT NECESSARY	371.80	-
1	REAR EXHAUST PIPE	DENTED	987.90	987.90
1	REAR EXHAUST PIPE MOUNTING	NOT NECESSARY	45.00	-
1	REAR EXHAUST PIPE GASKET	NOT NECESSARY	45.40	-
1	REAR EXHAUST PIPE HEAT SHIELD	CRUMPLED	110.90	110.90
	LESS 25% DISCOUNT		-4,566.93	-1,602.55
			13,700.77	4,807.65
	SPECIAL NETT ITEMS			
1	REAR BUMPER CLIPS (SN)	NECESSARY	50.00	30.00
1	REAR END PANEL TOP GARNISH CLIPS (SN)	NECESSARY	20.00	20.00
1	REAR END PANEL SEALANT (SN)	NECESSARY	60.00	60.00
1	TAILGATE INNER TRIM BOARD CLIPS (SN)	NOT NECESSARY	30.00	-
1	TAILGATE OUTER GARNISH CLIPS (SN)	NOT NECESSARY	30.00	-
1	TAILGATE GLASS SEALANT (SN)	NOT NECESSARY	60.00	-
1	REAR FENDER INNER TRIM CLIPS (SN)	NOT NECESSARY	60.00	-
1	REAR FENDER INNER SHIELD CLIPS (SN)	NOT NECESSARY	40.00	-
1	SPARE TYRE PANEL SEALANT (SN)	NOT NECESSARY	60.00	-
1	SPARE TYRE PANEL INSULATION PADS (SN)	NOT NECESSARY	280.00	-
			690.00	110.00
	<u>LABOUR</u>			
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF TAILGATE AND SPARE TYRE PANEL.		1,400.00	600.00
	SPRAY PAINTING.		1,200.00	800.00
	WIRING.		50.00	30.00
	TO APPLY TUFF COAT.		150.00	60.00
	TO REMOVE UPHOLSTERY.		150.00	60.00
	TO TRANSFER TAILGATE FITTINGS.	NOT NECESSARY	150.00	-
	TO REMOVE TAILGATE GLASS.	NOT NECESSARY	180.00	-
	TO REMOVE REAR EXHAUST PIPE.		150.00	60.00
	TO REMOVE REVERSE SENSOR.		100.00	50.00

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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.:3 of 3

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	TO REMOVE REAR CAMERA.	NOT NECESSARY	100.00	-
	TO REMOVE REAR VIDEO RECORDER.	NOT NECESSARY	100.00	-
	TO REPROGRAMME BLIND SPOT MODULE.		600.00	380.00
			4,330.00	2,040.00
	GRAND TOTAL		18,720.77	6,957.65

RECOMMENDED COST OF LUMP SUM REPAIRS		5,500.00
(TO ITS PRE-ACCIDENT CONDITION)		·

Report Ref No. CS/SMR24120222/Aqh3m4(N)



ADRIAN LING WAI PING

B.Eng, AMSOE, AMIRTE, AMSAE-A, M. MATAI

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contact or tort, is accepted to any third party who may reply on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.

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 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.

- 4. The issue and acceptance of this is form by instrained 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 12/12/2024 17:05 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 11/12/2024 18:40 (SGT) Exact Location of Accident Keppel Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SLV2285Z

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner YUE HENG KEONG NRIC No Fmail Address Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model C-hr 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 No - Claiming third party your vehicle? Vehicle Category Private hire

Transmission Auto CC 1800 Vehicle Fuel

First Regisration Date Chassis no

Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2008882147-01

DRIVER

Name of Driver YUE HENG KEONG NRIC No Date Of Birth Occupation Outdoor Driving Pass Date Driving License Pass Class Driving License Validity Driving experience 29 YEARS AND 3 MONTHS Gender Mobile Number Alt. Phone Number Email Address Address Address complement Postcode Is the driver the policyholder? 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 Collision - Head to Rear 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) 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 **UNKNOWN** Gender Male 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? Nο If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER POLICE REPORT - T/20241212/7062

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Yes

Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB5852U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
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 Gender	YUE HENG KEONG Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLV2285Z
Were seat belts worn?	-
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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.

Any false reporting may be referred to the Traffic Police Department for investigation.

- 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.
- 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")

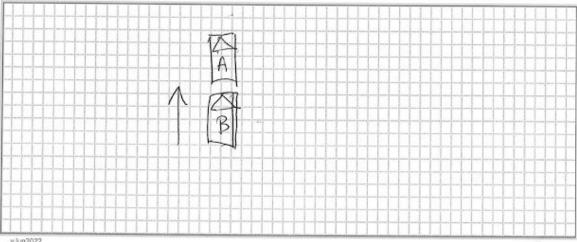
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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

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

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

Sketch Plan



vJun2022

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eclaration			\	
Ve declare the foregoing particular	rs are true in every respect.			
kun				
licyholder's Signature / Date & Tir	me Actual Driver's Signature (if d	friver is not the policyholder)	Witnessed by Reporting Centre	Personnel
	/ Date & Time		(Name as in NRIC/ID card)	
022				2





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20241212/7062

REPORT	OF A TRAFFI	C ACCIDENT			
	Date/Time Report Made: 12/12/2024 15:40		Vide Report No.:	Station Diary No.:	
Informan	t's Particular	S			
	Informant: NG KEONG		Address:		
ID Type / ID No.: NRIC N		90	Contact No.: Home/Office:	Mobile:	
Nationality. SINGAPORE CITIZEN		N	Email: JY		
Sex: Age: Date of Birth:		Date of Birth:	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Driver			Driving Licence Information: Class: Date of Expiry:		

General Information	of the Accident			
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/12/2024 18:40	Type of Location: Straight Road
Location: KEPPEL ROAD Weather: Clear		Road Surface:		
Traffic Flow: One Way		Traffic Control: Not Controlled	Traf Hea	fic Volume: vy
Type of Collision: Between Moving Vo	ehicles - Head To	Rear		one conveyed by ulance:

Details of Ve	hicle Involved			A HEAVENING	HANGE CONTRACTOR	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHB5852U	Motor car					0
SLV2285Z	Motor car	ТОУОТА	C-HR HYBRID 1.8G CVT	Silver		0

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date		
SLV2285Z	ALLIANZ INSURANCE SINGAPORE PTE. LTD.	SP2008882147	27/12/2023	26/12/2024		



T/20241212/7062

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20241212/7062

CONTINUATION OF REPORT

Details of Person	Involved		THE VENTOR	17/112			
Any Pedestrian In	volved: No						
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA				
Driver			TAXABLE VALUE OF	and and			
Name	YUE HENG KEONG		ID No	١.			
Related Vehicle	SLV2285Z (Motor car)			Conta	ict No.		
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Discl	narge	NIL		
No. of Days granted Medical Leave (MC) 03				Degree of Injury		Slight	

Brief Details.

I was traveling along Keppel road towards aye. The car infront of me stop, I followed to stop. Suddenly I felt a huge impact from the rear of my vehicle. I got down and realised vehicle b(SHB5852U) had hit onto the rear portion of my vehicle.



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



3 of 3 Report No. T/20241212/7062

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: 12/12/2024 15:40			
Officer In Charge Of Case: TP / AEIT / BOON YEN KIAN Contact No.: 65472079	Classification Of Case:			
NP168				



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

INSPECTION PHOTOS (Page 1 of 9)













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

INSPECTION PHOTOS (Page 2 of 9)











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

INSPECTION PHOTOS (Page 3 of 9)













INSPECTION PHOTOS (Page 4 of 9)











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

INSPECTION PHOTOS (Page 5 of 9)







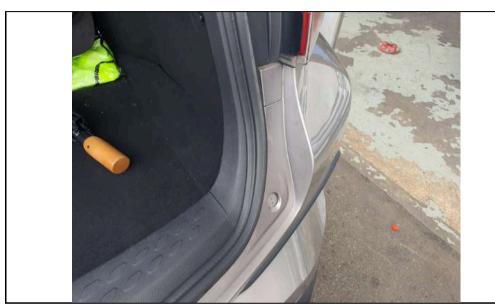




51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933 TEL: 6256 3561 FAX: 6256 4315

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

INSPECTION PHOTOS (Page 6 of 9)











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

INSPECTION PHOTOS (Page 7 of 9)













INSPECTION PHOTOS (Page 8 of 9)













INSPECTION PHOTOS (Page 9 of 9)







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

REINSPECTION PHOTOS (Page 1 of 20)













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

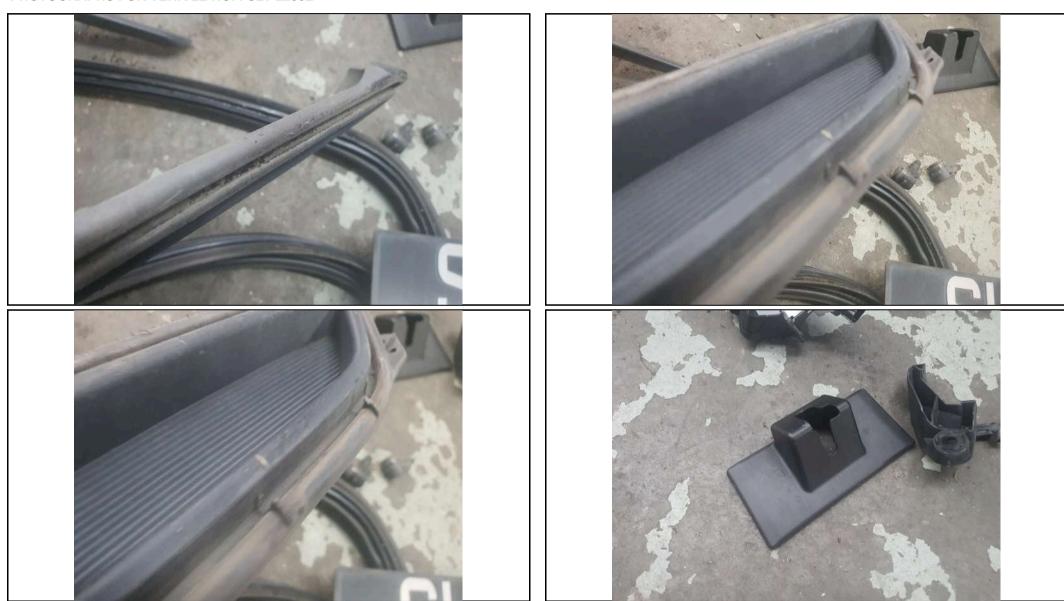
REINSPECTION PHOTOS (Page 2 of 20)







REINSPECTION PHOTOS (Page 3 of 20)







REINSPECTION PHOTOS (Page 4 of 20)







REINSPECTION PHOTOS (Page 5 of 20)













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

REINSPECTION PHOTOS (Page 6 of 20)













REINSPECTION PHOTOS (Page 7 of 20)













REINSPECTION PHOTOS (Page 8 of 20)







Reg. No: 199607198R GST Reg. No. 19-9607198-R REINSPECTION PHOTOS (Page 9 of 20)













REINSPECTION PHOTOS (Page 10 of 20)













REINSPECTION PHOTOS (Page 11 of 20)







Reg. No: 199607198R GST Reg. No. 19-9607198-R **REINSPECTION PHOTOS (Page 12 of 20)**







REINSPECTION PHOTOS (Page 13 of 20)







REINSPECTION PHOTOS (Page 14 of 20)







REINSPECTION PHOTOS (Page 15 of 20)













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

REINSPECTION PHOTOS (Page 16 of 20)













REINSPECTION PHOTOS (Page 17 of 20)











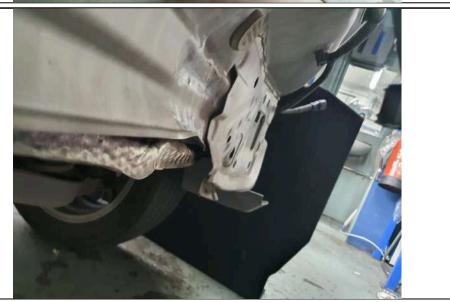


REINSPECTION PHOTOS (Page 18 of 20)





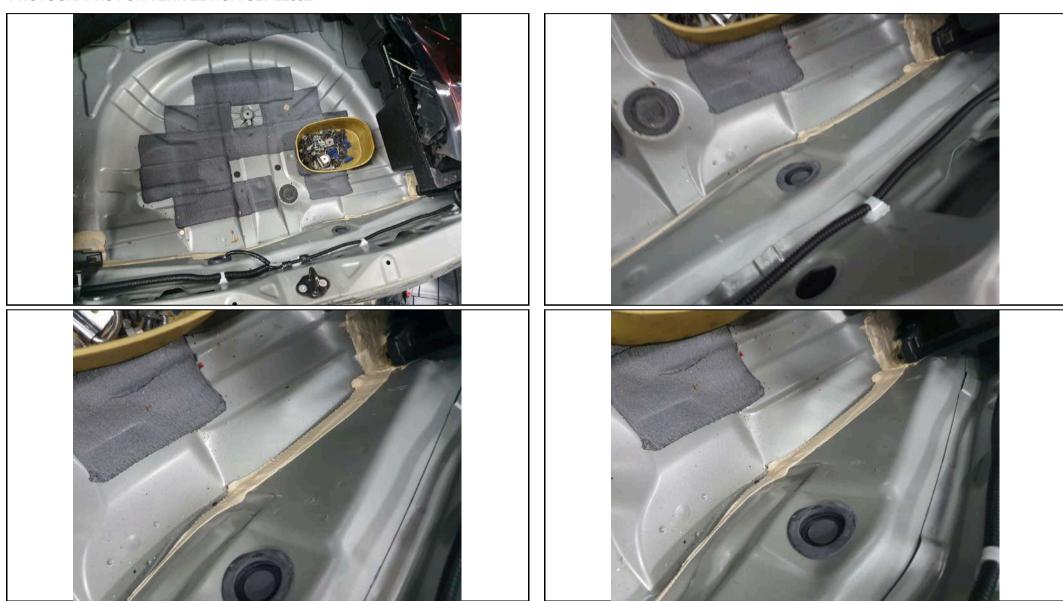








REINSPECTION PHOTOS (Page 19 of 20)







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

PHOTOGRAPHS FOR VEHICLE NO. : SLV 2285Z



REINSPECTION PHOTOS (Page 20 of 20)

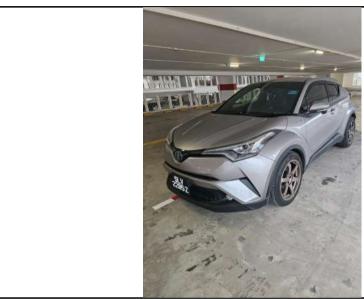




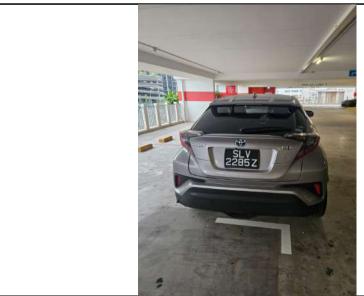
Reg. No: 199607198R GST Reg. No. 19-9607198-R

REINSPECTION PHOTOS (Page 1 of 2)













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

PHOTOGRAPHS FOR VEHICLE NO.: SLV 2285Z









REINSPECTION PHOTOS (Page 2 of 2)