

**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. : SAC2400930

INV Date : 11-10-2024

Reference CS/SMR24080019/Rnp3e2

Code SMR

PROFESSIONAL SERVICE FEE

Vehicle No. SMC 1932J
Insured Veh. SHF 92H
Claim No. TAX/07/24/2110
Policy No.
Accident Date 31/07/2024
Inspection Date 02/08/2024

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

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Affiliated to Federation Internationale Des Experts En Automobile

MS STRIDES PREMIER AUTOMOTIVE SERVICES PL.	Ref:	CS/SMR24080019/Rnp3e2
60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705	Date:	01/08/2024
	Code:	SMR

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHF 92H	Veh. Inspected	SMC 1932J
Policy No.	-	Coverage	0
Claim No.	TAX/07/24/2110	Excess	\$0.00
Assign From	HUA YEN	Assign Date	01/08/2024

2. Vehicle Details

Make & Model	TOYOTA PRIUS PLUS A	C.C	1798
Engine No.	2ZR0B89973	Year of Reg.	27/06/2018
Chassis No.	JTDZS3EU80J028363	Colour	BLUE
Odometer	631557 KM	Steering	IN ORDER
Brakes	IN ORDER	General	FAIR
Modification(s)	RIMS: SPORTS RIM		

3. Conditions of Tyres

	Size	Make	Balance (mm)
R/H Front Tyre	205/60 R16	DUNLOP	6
L/H Front Tyre	205/60 R16	DUNLOP	6
R/H Rear Tyre	205/60 R16	DUNLOP	6
L/H Rear Tyre	205/60 R16	DUNLOP	6

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.

DAMAGES SEE DETAILS.

5. General Information

Accident Date	31/07/2024	Inspection Date	02/08/2024
Survey held at	BORNEO MOTORS (S) PTE LTD 2 PANDAN CRESCENT SINGAPORE 128462		

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: 11 Working Days



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO SMC 1932J

Special Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	SUNDRIES (SN)	NECESSARY	\$100.00	\$50.00
1	REAR NUMBER PLATE (SN)	BENT	\$80.00	\$80.00
1	PHV STICKER (SN)	NECESSARY	\$20.80	\$20.80
1	SEALANT (SN)	NECESSARY	\$200.00	\$200.00
1	BACK SENSOR 1G3 GREY ME (SN)	MISSING	\$101.05	\$101.05
1	COVER, RR BUMPER (SN)	TORN	\$855.40	\$855.40
1	RETAINER, RR BUMPER (SN)	NOT NECESSARY	\$89.90	\$0.00
1	SUPPORT, RR BUMPER (SN)	CRACKED	\$217.70	\$217.70
1	RETAINER, RR BUMPER (SN)	NOT NECESSARY	\$89.90	\$0.00
1	SUPPORT, RR BUMPER (SN)	NOT NECESSARY	\$217.70	\$0.00
10	PIECE, RR BUMPER (SN)	NECESSARY	\$58.00	\$58.00
1	REINFORCEMENT (SN)	BENT	\$334.00	\$334.00
1	ARM SUB-ASSY, RR (SN)	SERVICEABLE	\$243.00	\$0.00
1	ARM SUB-ASSY, RR (SN)	BENT	\$243.00	\$243.00
1	REINFORCEMENT (SN)	SERVICEABLE	\$334.00	\$0.00
1	ARM SUB-ASSY, RR (SN)	SERVICEABLE	\$243.00	\$0.00
1	ARM SUB-ASSY, RR (SN)	SERVICEABLE	\$243.00	\$0.00
1	SPOILER, RR NO.1 (SN)	DEFORMED	\$1,175.80	\$1,175.80
10	RETAINER, OUTSIDE (SN)	SERVICEABLE	\$56.00	\$0.00
1	REFLECTOR ASSY (SN)	CRACKED	\$83.40	\$83.40
1	SEAL, RR BUMPER (SN)	NECESSARY	\$124.60	\$124.60
1	PANEL SUB-ASSY, BODY (SN)	BENT	\$1,058.90	\$1,058.90
1	COVER SUB-ASSY, RR (SN)	CRACKED	\$757.90	\$757.90
1	PLATE, BACK DOOR (SN)	SERVICEABLE	\$251.40	\$0.00
1	PANEL SUB-ASSY, BACK (SN)	BENT	\$1,692.80	\$1,692.80
1	WEATHERSTRIP, BACK (SN)	CUT	\$463.80	\$463.80
1	GLASS SUB-ASSY, BACK (SN)	NECESSARY	\$1,675.30	\$1,675.30
1	DAM, WINDOW GLASS (SN)	NECESSARY	\$40.10	\$40.10
1	LOCK ASSY, BACK DOOR (SN)	SERVICEABLE	\$571.50	\$0.00



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Special Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	EMBLEM ASSY (SN)	NECESSARY	\$87.90	\$87.90
1	PLATE, BACK DOOR (SN)	NECESSARY	\$87.90	\$87.90
1	PLATE, LUGGAGE COMPT (SN)	NECESSARY	\$75.70	\$75.70
1	LENS & BODY, RR (SN)	SERVICEABLE	\$1,022.70	\$0.00
1	LENS & BODY, RR (SN)	CRACKED	\$1,069.50	\$1,069.50
1	LENS & BODY, RR (SN)	SERVICEABLE	\$1,069.50	\$0.00
2	GUIDE, RR (SN)	BUCKLED	\$10.00	\$10.00
1	ANTENNA, ELECTRICAL (SN)	SERVICEABLE	\$266.20	\$0.00
2	SIKA 182010 SIKA TACK GO! (BLA (SN)	NECESSARY	\$216.00	\$216.00
1	SIKA 207. G+P ADHESIVE PRIMER (SN)	NECESSARY	\$200.00	\$200.00
1	PIPE ASSY, EXHAUST (SN) (ADDITIONAL)	BENT	\$1,153.00	\$1,153.00
1	PIPE ASSY, EXHAUST (SN) (ADDITIONAL)	BENT	\$7,767.80	\$7,767.80
			\$24,648.15	\$19,900.35

Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	DRILLE HOLE & INSTALL REAR REVERSE SENSOR		\$198.00	\$198.00
	CHECK LIGHTING & CONDUCT WATER LEAK TEST		\$198.00	\$198.00
	TRANSFER & INSTALL COMPONENTS TO NEW TAILGATE		\$594.00	\$594.00
	REPLACE & INSTALL REAR TAILGATE GLASS		\$594.00	\$594.00
	REMOVE & INSTALL REAR COMPARTMENT CARPET, GARNISH AND TRIMMING TO ASSIST REPAIR		\$396.00	\$396.00
	TO RESET ECU AND REPROGRAMME		\$198.00	\$198.00
	REPLACE REAR ACCIDENT DAMAGED PARTS STRAIGHTEN & ALIGN REAR ACCIDENT AFFECTED AREAS		\$3,960.00	\$3,168.00
	RESPRAY JOB ON REAR ACCIDENT AFFECTED AREAS		\$3,280.00	\$3,280.00
	REPLACE & INSTALL REAR EXHAUST PIPE ASSY (ADDITIONAL)		\$792.00	\$792.00
			\$10,210.00	\$9,418.00

GRAND TOTAL			\$34,858.15	\$29,318.35
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	RECOMMENDED COST OF REPAIRS			\$29,318.35
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Report Ref No: CS/SMR24080019/Rnp3e2



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MRB

MOHAMMED RASUL BIN MOHD YUNUS

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 contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.

Co. Reg No. : 196700086Z
 GST Reg No. : MR-8500000-9
 No. 2 PANDAN CRESCENT
 SINGAPORE 128482, Tel no.: 6631 1188

ESTIMATE

Account Details			Account No.		Customer Details		
MS First Capital Insurance Ltd 16 Raffles Quay #42-01 Hong Leong Building Singapore 048581 Attn: Motor Claims Dept			S1000005 / ICFIC1		M/S Grab Rentals Pte. Ltd 3 Media Close #01-03/06 Singapore 138498 Work: 65703925		
			Document No.				
			0				
			Document Date				
			10/10/2024				
Year	Model	Variant	Reg. Date	Reg. No.	Kilometers	Wip No.	Order No. / Remarks
2018	ZVW40R	AWXEBW Q2	27/06/2018	SMC1932J	0	31991	67/TP/SMC1932J
Chassis No.		Engine No.	Terms	SA / Counter	Vehicle In		Collected On
JTDZS3EU80J028363		2ZR0B89973	60	Sam San Joi	02/08/2024 8.00		12/08/2024 18.00
L	Cd	Job/Parts Description	Qty	Unit Price	Disc %	Amount	
1	B	BP-MECH2 REPLACE & INSTALL REAR EXHAUT PIEP ASSY	BP64			792.00	
2	1	U17430-37480 PIPE ASSY, EXHAUST	1.00	1153.00		1153.00	
3	2	U17410-37572 PIPE ASSY, EXHAUST	1.00	7767.80		7767.80	
For & on behalf of		Customer's Signature	Charge Summary			Total	
Borneo Motors (Singapore) Pte Ltd		Please acknowledge receipt of vehicle 				9,712.80	
						GST 9.00%	
						874.15	
						Less	
						0.00	
					Amount Due		
					10,586.95		

Customer Copy

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	01/08/2024 15:32 (SGT)
Reported by	Actual Driver
Date of Accident	31/07/2024 21:00 (SGT)
Exact Location of Accident	MCE, Singapore
Additional Location Information	EXIT ECP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC1932J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GRAB RENTALS PTE LTD
Company Reg No	2XXXXX200G
Email Address	gr.sg.accident@grab.com
Mobile Phone No	(Phone) +65-97924499
Alternative Phone No	(Office) +65-66550005

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	PLUS
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 hire
Transmission	Auto
CC	1798
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D21MFL0000447_03

DRIVER

Name of Driver	MAHAD BIN HASSAN
NRIC No	SXXXX655E
Date Of Birth	
Occupation	Outdoor
Driving Pass Date	20/08/2013
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	10 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	
Alt. Phone Number	-
Email Address	gr.sg.accident@grab.com
Address	
Address complement	-
Postcode	
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
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	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?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE T/20240801/7001

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHF92H
Vehicle Manufacturer Toyota
Vehicle Model PRIUS HYBRID 1.8 CVT
Vehicle Variant -
Vehicle Colour -
Vehicle Category Taxi
Name of Driver TAN PIAK CHOO
Contact Number (Phone) +65-96263053
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBK5570G
Vehicle Manufacturer Toyota
Vehicle Model HIACE DX 2.8 AUTO
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
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) -

SKETCH PLAN**IMPORTANT NOTICE**

1. Please correctly report the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorized Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful 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 lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the center 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

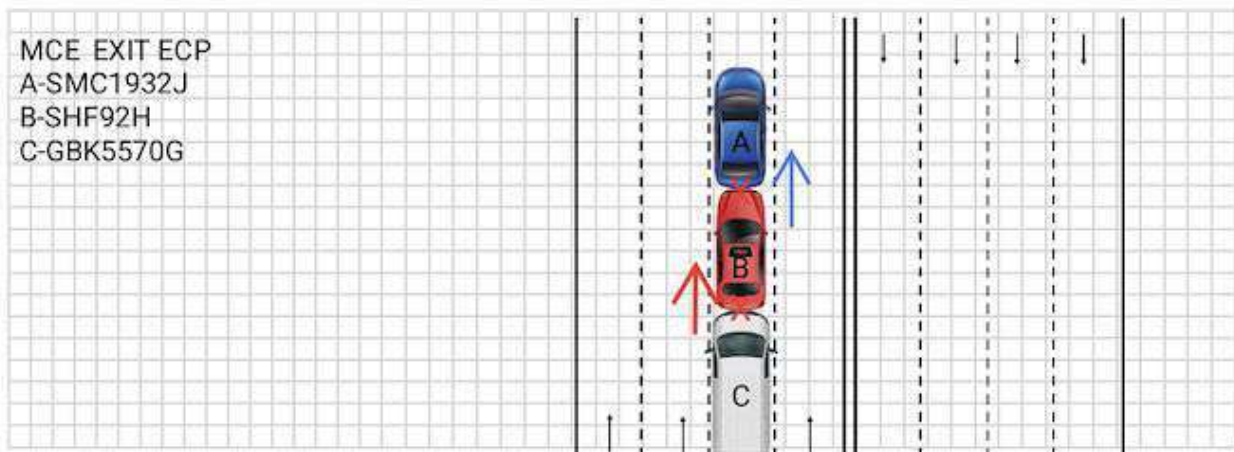
Sketch Plan

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

01-08-24/12:45



Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

PLEASE REFER TO POLICE T/20240801/7001

Declaration

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

Policyholder's Signature / Date &
Time

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

01-08-24/12:45

Witnessed by Reporting Centre
Personnel





**SINGAPORE
POLICE FORCE**



T/20240801/7001

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

1 of 3

Report No. T/20240801/7001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/08/2024 00:09		Vide Report No.: G/20240731/0169		Station Diary No.:	
Informant's Particulars					
Name of Informant: MAHAD BIN HASSAN			Address:		
ID Type / ID No.: NRIC NO /			Contact No.: Home/Office:		Mobile:
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age:	Date of Birth:	Type of Informant: Driver		
Race: Malay			Language: English		
Occupation: Private-hire car driver			Driving Licence Information: Class: 3A		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/07/2024 21:00	Type of Location: Straight Road
Location: MARINA COASTAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBK5570G	Motor van				Seriously Damaged	0
SHF92H	Motor car				Seriously Damaged	2
SMC1932J	Motor car				Seriously Damaged	2

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20240801/7001

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

2 of 3

Report No. T/20240801/7001

CONTINUATION OF REPORT

Driver			
Name	MAHAD BIN HASSAN		ID No.
Related Vehicle	SMC1932J (Motor car)		Contact No.
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date
			Class: 3A Date of Expiry: NIL
Date Treatment	NIL		Date Discharge
			NIL
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight

Brief Details.

On the stated date and time , I was driving my vehicle SMC1932J travelling straight along MCE on lane 2 . Suddenly I felt an huge impact coming from the rear of my vehicle , I got down my vehicle and realised that a vehicle SHF92H had collided onto the rear of my vehicle. It was a chain collision involving 3 vehicle . The last vehicle was GBK5570G.

I sustained injuries from the above mentioned accident and was given 3 days of MC.



**SINGAPORE
POLICE FORCE**

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



T/20240801/7001

3 of 3

Report No. T/20240801/7001

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: 01/08/2024 00:09
Officer In Charge Of Case:	Classification Of Case:
NP168	

PHOTOGRAPHS FOR VEHICLE NO. : SMC 1932J



PHOTOGRAPHS FOR VEHICLE NO. : SMC 1932J



PHOTOGRAPHS FOR VEHICLE NO. : SMC 1932J



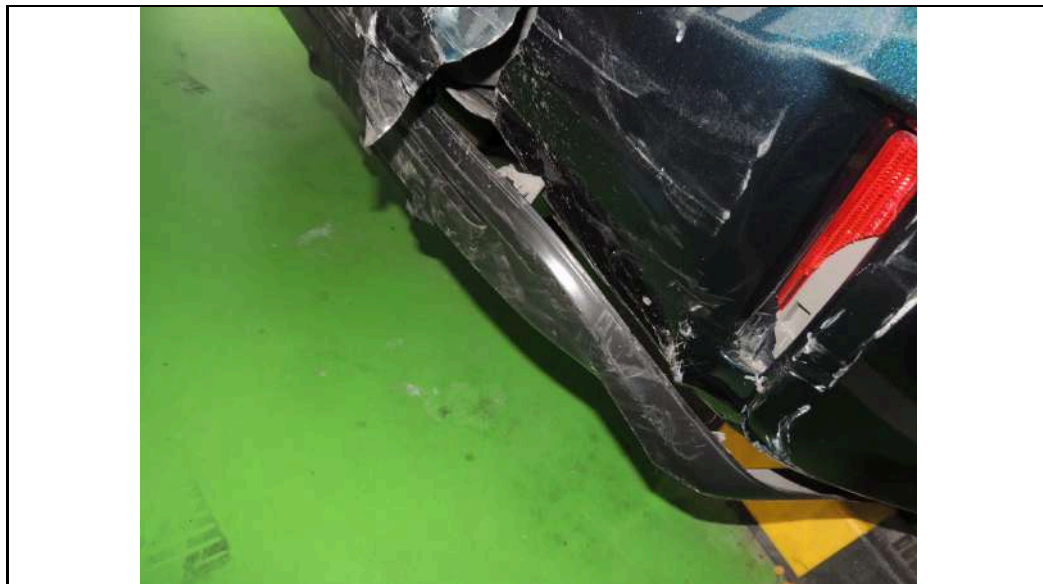
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PHOTOGRAPHS FOR VEHICLE NO. : SMC 1932J



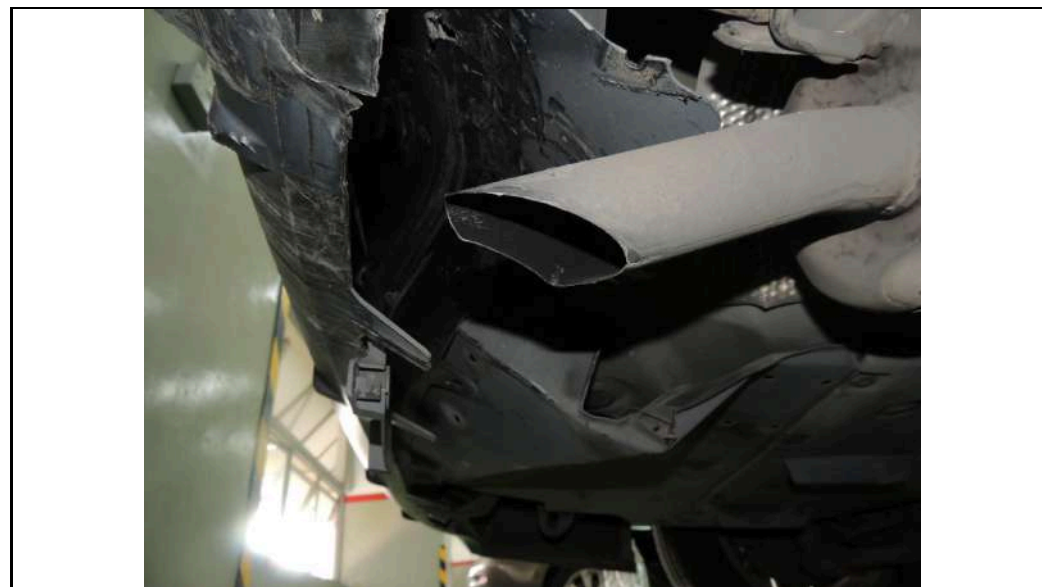
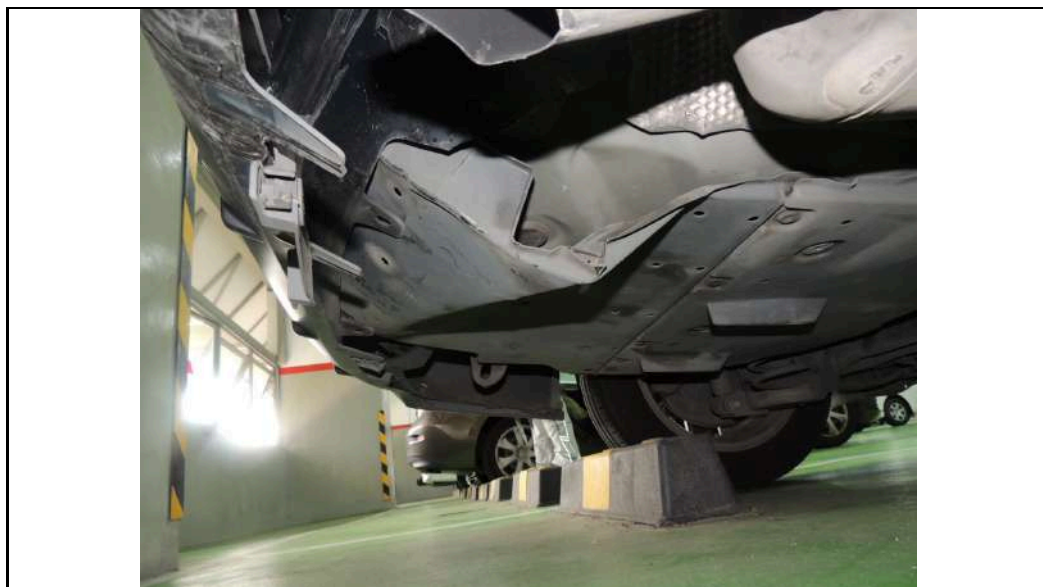
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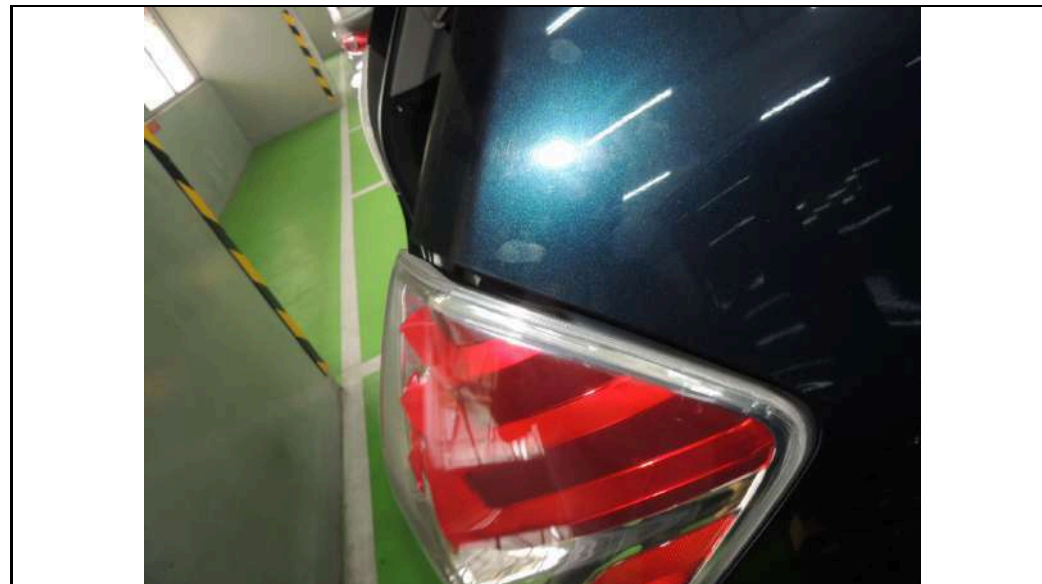
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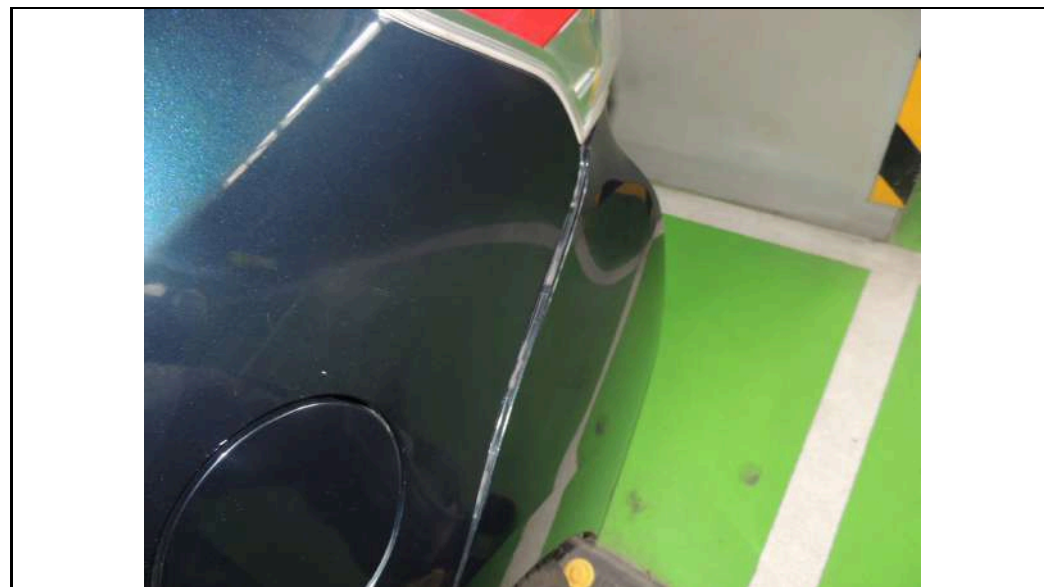
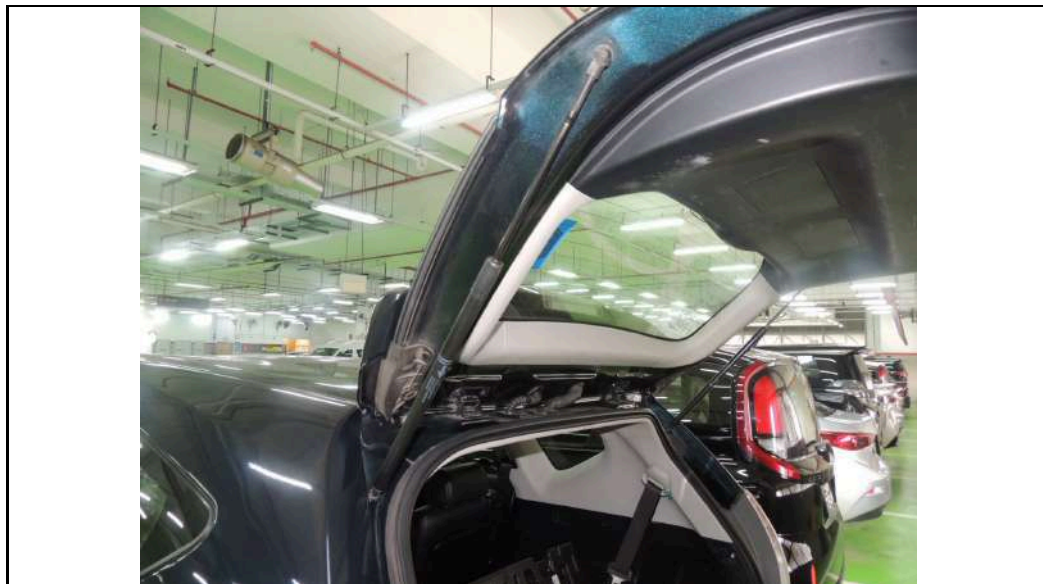
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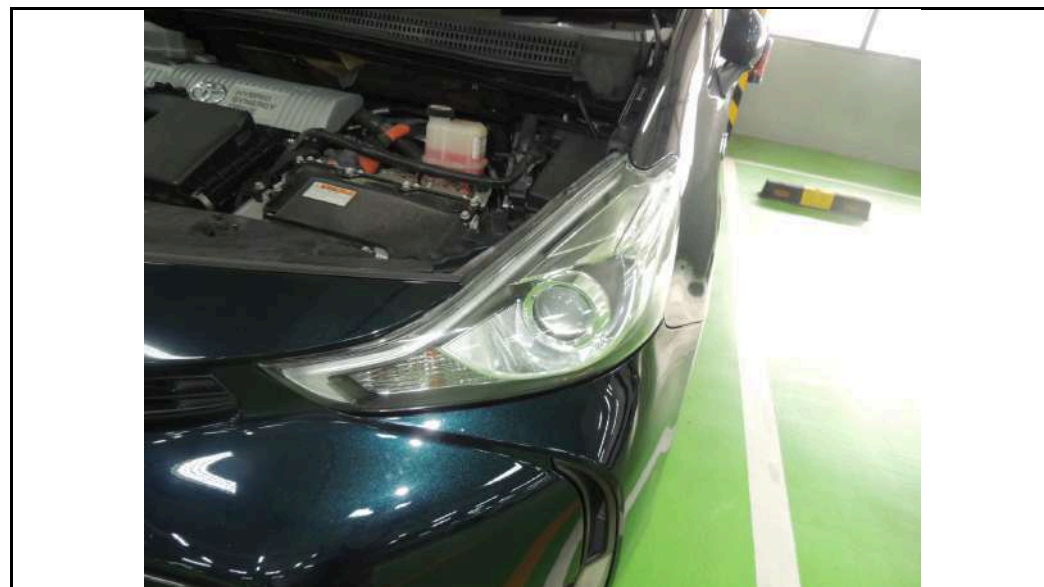
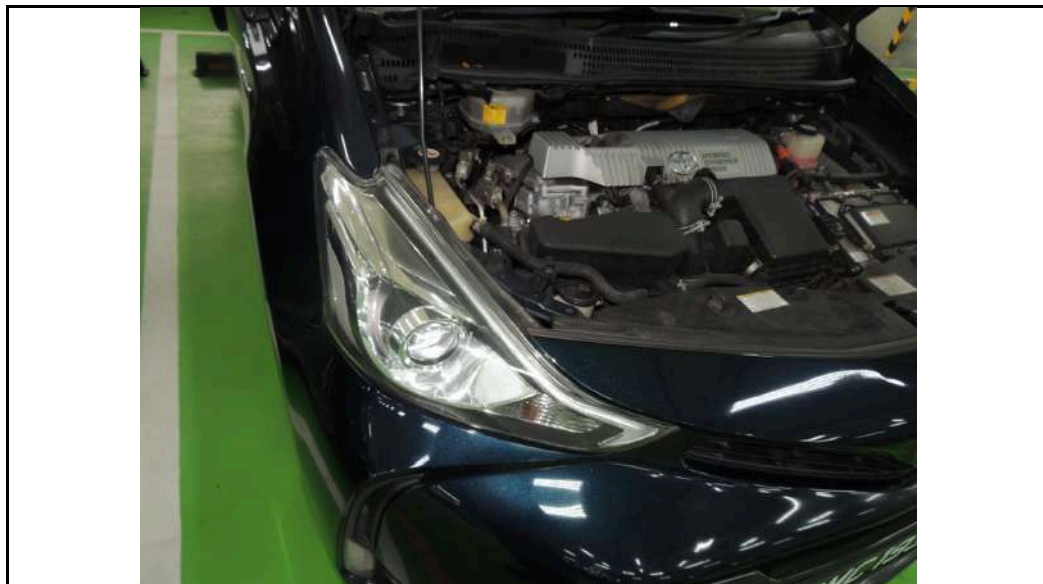
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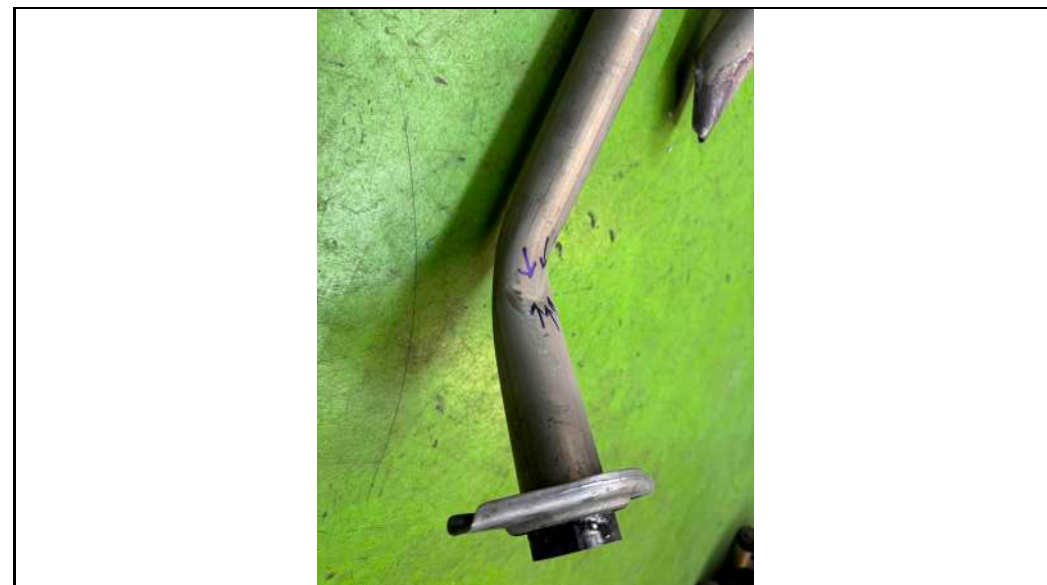
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