



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

EQ INSURANCE COMPANY LTD

INV No. AC2202375

5 MAXWELL ROAD
#17-00 TOWER BLOCK
MND COMPLEX
SINGAPORE 069110

INV Date 26/04/2022
Reference CS/EQI22001244/Aqf3e2
Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SMK 3217K
Insured Veh. GBB 5922Y
Claim No. DM22HO00175/JT
Policy No. DMCPHQ21-002581
Accident Date 06/02/2022
Inspection Date 14/02/2022

Description	Total
Survey Inspection	230.00
Resurvey Inspection	
Digital Photographs	
Transportation	
Subtotal	230.00
GST (7%)	16.10
Grand Total	246.10

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

KHM



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

Affiliated to Federation Internationale Des Experts En Automobile			
EQ INSURANCE COMPANY LTD 5 MAXWELL ROAD #17-00 TOWER BLOCK MND COMPLEXSINGAPORE 069110		Ref: CS/EQI22001244/Aqf3e2 Date: 26/04/2022 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GBB 5922Y	Veh. Inspected	SMK 3217K
Policy No.	DMCPHQ21-002581	Coverage (\$)	0.00
Claim No.	DM22HO00175/JT	Excess (\$)	0.00
Assign From	JAIME TAY	Assign Date	09/02/2022
2. Vehicle Particulars & Condition			
Make & Model	HONDA SHUTTLE	c.c	1496
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	GP72005181	Colour	SILVER
Odometer	93290 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	195/55 R15	WEST LAKE	6 mm
L/H Front Tyre	195/55 R15	WEST LAKE	6 mm
R/H Rear Tyre	195/55 R15	WEST LAKE	6 mm
L/H Rear Tyre	195/55 R15	WEST LAKE	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	06/02/2022	Inspection Date	14/02/2022
Survey held at	8 Kaki Bukit Avenue 4, Premier @ Kaki Bukit #06-41		
Repairer	HUA HONG PTE LTD		
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. SMK 3217K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DEFORMED	1,150.50	983.00
10	REAR BUMPER CLIPS @\$5.00	NECESSARY	50.00	30.00
2	REAR BUMPER SIDE RETAINER (LH/RH) @\$40.40	N/S DAMAGED	80.80	40.40
1	REAR BUMPER REFLECTOR (LH)	NOT NECESSARY	75.30	-
1	REAR BUMPER REFLECTOR GARNISH (LH)	DEFORMED	72.20	72.20
1	REAR TAILGATE	DISTORTED	1,293.00	1,193.00
1	REAR TAILGATE EMBLEM	NECESSARY	41.10	41.10
1	REAR TAILGATE CHROME GARNISH	CRACKED	396.20	396.20
1	REAR TAILGATE LOCK	DAMAGED	231.40	231.40
1	REAR TAILGATE WEATHER STRIP	CUT	210.60	210.60
1	REAR TAILGATE LOGO (SHUTTLE)	NECESSARY	68.80	68.80
1	REAR TAILGATE LOGO (HYBRID)	NECESSARY	100.20	100.20
2	REAR TAILGATE LAMP (LH/RH) @\$480.00	N/S SMASHED	960.00	480.00
1	REAR TAILGATE TRIMBOARD	DEFORMED	320.40	320.40
2	REAR TAIL LAMP (LH/RH) @\$520.00	N/S SMASHED	1,040.00	520.00
1	REAR FENDER INNER TRIM (LH)	DEFORMED	945.30	455.00
1	REAR WINDSCREEN	SHATTERED	1,237.30	1,237.30
1	REAR WINDSCREEN MOULDING	NECESSARY	850.00	145.00
1	REAR END PANEL	DENTED	680.50	680.50
2	REAR END PANEL (LH/RH) @\$245.80	N/S DISTORTED	491.60	245.80
1	REAR END PANEL TOP GARNISH	DEFORMED	204.30	204.30
1	REAR KEY ANTENNA	NOT NECESSARY	230.80	-
1	REAR WIPER BLADE	NOT NECESSARY	124.80	-
	LESS 20% DISCOUNT		-2,171.02	-1,531.04
			8,684.08	6,124.16
<u>SPECIAL NETT ITEMS</u>				
1	REVERSE SENSOR (SN)	DAMAGED	200.00	200.00
1	SEALANT (SN)	NECESSARY	40.00	40.00
1	REAR NUMBER PLATE (SN)	BENT	35.00	35.00

Report Ref No. CS/EQI22001244/Aqf3e2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	PHV DECAL (SN)	MISSING	20.00	20.00
			295.00	295.00
	LABOUR			
	TOWING FEE.		90.00	60.00
	TO DISMANTLE, CUT & WELD REAR PANEL, REAR LH/RH PANEL, CHANGE REAR BUMPER, REAR TAILGATE, REAR LH/RH TAIL LAMP. KNOCKING REAR FENDER (LH) & PILL STRAIGHT REAR TYRE FLOOR PANEL AND ALL AREA AFFECTED BY ACCIDENT.		1,200.00	800.00
	TO PERFORM WIRE CHECKING.		50.00	30.00
	TO DISMANTLE & REPLACE REAR WINDSCREEN.		120.00	120.00
	TO DISMANTLE AND CHANGE REAR BUMPER SENSOR.		60.00	40.00
	TO DISMANTLE & REFIT REAR LUGGAGE COMPARTMENT, TRIM AND INNER GARNISH.		80.00	60.00
	TO DISMANTLE & TRANSFER REAR TAILGATE FITTING AND MECHANISM TO NEW TAILGATE.		80.00	60.00
	TO SPRAY REAR BUMPER, REAR TAILGATE, REAR FENDER (LH), REAR END PANEL, REAR LH/RH PANEL AND REAR TYRE FLOOR PANEL.		1,200.00	800.00
			2,880.00	1,970.00
GRAND TOTAL			11,859.08	8,389.16
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				6,700.00

Report Ref No. CS/EQI22001244/Aqf3e2

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 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.

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 Submission	07/02/2022 15:41 (SGT)
Date of Accident	06/02/2022 16:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER CHANGI ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK3217K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HUA HONG PTE. LTD.
Company Reg No	200900309M
Email Address	claims@huahong.com.sg
Mobile Phone No	(Phone) +65-66619687
Alternative Phone No	+65-66619687

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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 hire
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5109921641-02
Cover Note Number	drivo CLASSIC

DRIVER

Name of Driver	GUANG CHUAN HENG
NRIC No	S7120899J

Date Of Birth	15/06/1971
Occupation	Outdoor
Date Of Driving Pass	19/02/1991
Driving experience	31 YEARS
Gender	Male
Mobile Number	(Phone) +65-94554942
Alt. Phone Number	-
Email Address	thomasguang@rocketmail.com
Address	BLK 541 WOODLANDS DRIVE 16 # 12-51
Address complement	-
Postcode	730541
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	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

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?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Female

PASSENGER 2

Name	PASSENGER
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 SKETCH PLAN / POLICE REPORT

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	GBB5922Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	UNKNOWN
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	GUANG CHUAN HENG
Gender	Male
Phone No	(Phone) +65-94554942
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMK3217K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	PASSENGER
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMK3217K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 3

Name of injured person	PASSENGER
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMK3217K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLANIMPORTANT 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. 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:

- (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.
- (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.



Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20220207/7033

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

1 of 4

Report No: T/20220207/7033

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/02/2022 14:53		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: GUANG CHUAN HENG			Address: 541 WOODLANDS DRIVE 16 #12-51 SINGAPORE 730541		
ID Type / ID No.: NRIC NO / S7120899J			Contact No.: Home/Office: Mobile: 94554942		
Nationality: SINGAPORE CITIZEN			Email: thomasguang@rocketmail.com		
Sex: Male	Age: 50	Date of Birth: 15/06/1971	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Salesperson (door-to-door)			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/02/2022 16:00	Type of Location:
Location: UPPER CHANGI ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBB5922Y	Lorry					0
SMK3217K	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20220207/7033

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

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Report No. T/20220207/7033

CONTINUATION OF REPORT

Driver			
Name	GUANG CHUAN HENG	ID No.	S7120899J
Related Vehicle	SMK3217K (Car)	Contact No.	94554942
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Passenger			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	SMK3217K (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Passenger			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	SMK3217K (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

ON THE MENTIONED DATE AND TIME, WHILE I WAS STATIONARY AT THE RED LIGHT JUNCTION WAITING FOR THE LIGHT TO TURN GREEN, I WAS THERE FOR FEW MINUTES WHEN A LORRY GBB5922Y SUDDENLY HIT THE LEFT REAR OF MY VEHICLE. THE IMPACT WAS GREAT THAT MY VEHICLE HAD JERKED FORWARD. THERE WERE 2 FEMALE REAR PASSENGERS IN MY VEHICLE, THEY COMPLAINED ABOUT CHEST PAIN, NAUSEOUS AND GIDDINESS. THEY WERE CONVEYED TO HOSPITAL BY AMBULANCE.

I ALSO FELT PAIN ON MY NECK & BACK WHICH I WILL BE SEEING A DOCTOR LATER. I DID NOT HAVE THE PARTICULAR OF THE OTHER DRIVER. THE OTHER DRIVER IS A MALE/INDIAN/NON-LOCAL/LATE 20S-EARLY 30S

THIS IS AN AMENDMENT TO REPORT NO. T/20220207/7007 DUE TO AN ERROR IN THE



**SINGAPORE
POLICE FORCE**



T/20220207/7033

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

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Report No. T/20220207/7033

CONTINUATION OF REPORT

PARTICULARS

**SINGAPORE
POLICE FORCE**

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



T/20220207/7033

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Report No. T/20220207/7033

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
07/02/2022 14:53

Classification Of Case:



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PHOTOGRAPHS FOR VEHICLE NO. SMK 3217K

INSPECTION





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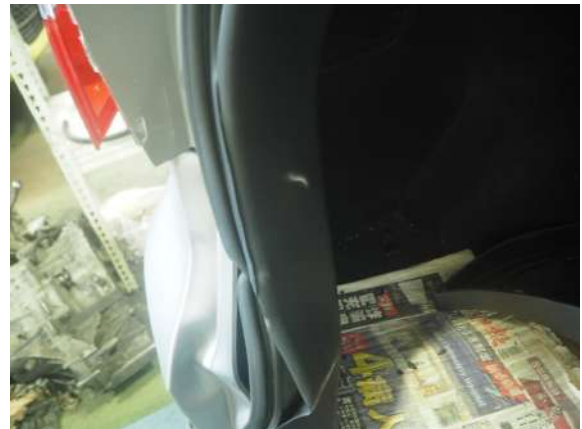


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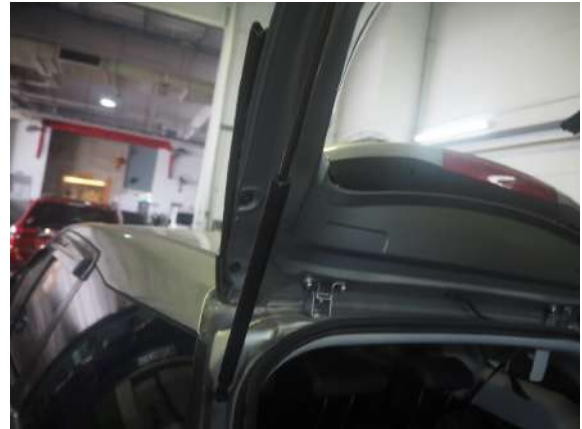


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PHOTOGRAPHS FOR VEHICLE NO. SMK 3217K

RE-INSPECTION





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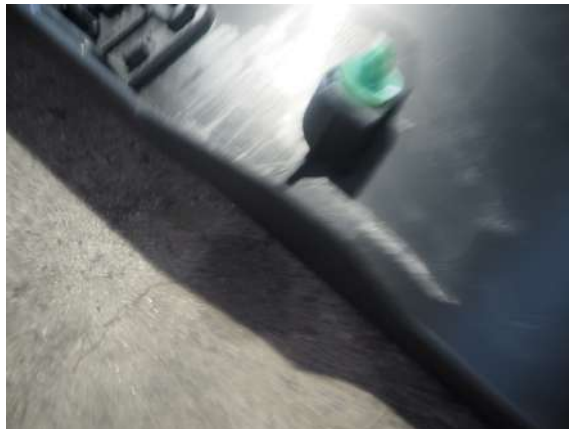


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TEL: 6256 3561 FAX: 6256 4315

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