

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

5 MAXWELL ROAD #17-00 TOWER BLOCK MND COMPLEX SINGAPORE 069110 INV No. AC2205943

INV Date 26/09/2022

Reference CS/EQI22007696/Ucy3e2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SLP 5594T

Insured Veh. GBG 4785G

Claim No. DM22HO01352/JT

Policy No.

Accident Date 11/08/2022

Inspection Date 15/08/2022

Description	Total
Survey Inspection	300.00
Resurvey Inspection	
Digital Photographs	
Transportation	
Subtotal	300.00
GST (7%)	21.00
Grand Total	321.00

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



51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

		Affiliated to Federation Internation	nale Des Experts En Auton	nobile
	EQ INSURANCE C	OMPANY LTD	Ref:	CS/EQI22007696/Ucy3e2
	5 MAXWELL ROAL		Date	26/09/2022
	#17-00 TOWER BL	NGAPORE 069110		
			Code	: EQI
1.		Policy Particulars	- THIRD PARTY CLA	IM
	Insured Veh.	GBG 4785G	Veh. Inspected	SLP 5594T
	Policy No.		Coverage (\$)	0.00
	Claim No.	DM22HO01352/JT	Excess (\$)	0.00
	Assign From	JAIME TAY	Assign Date	12/08/2022
2.		Vehicle Partic	culars & Condition	
	Make & Model	VOLKSWAGEN POLO (A)	c.c	1197
	Engine No.	HIDDEN	Year of Reg.	2015
	Chassis No.	WVWZZZ6RZFU061778	Colour	BLACK
	Odometer	112310 KM	Steering	AFFECTED
	Brakes	IN ORDER	Modification	SPORTS RIM
	General	GOOD		
3.		Condition	ons of Tyres	
		Size	Make	Balance
	R/H Front Tyre	195/60 R15	FIRENZA	6 mm
	L/H Front Tyre	195/60 R15	FIRENZA	6 mm
	R/H Rear Tyre	195/60 R15	FIRENZA	6 mm
	L/H Rear Tyre	195/60 R15	FIRENZA	6 mm
4.		Description	on of Damages	
		STAINED DAMAGES AT THE N/S ACKED. THE UNDERCARRIAGE		
	DAMAGES SEE DI	ETAILS.		
5.		General	Information	
	Accident Date	11/08/2022	Inspection Date	15/08/2022
	Survey held at	15 Kaki Bukit Road 4, Bartley Biz	Centre, #01-53	
	Repairer	ZOOM AUTOWERKS PTE LTD		
5a.			emarks	
		ON WAS CONDUCTED ON A"WIT CE TO YOUR INSTRUCTIONS, W		
5b.		Estimate I	Days of Repair	
	ESTIMATED NOR	MAL PERIOD FOR REPAIR:	8 Wo	rking Days
	•			



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

Page No.:1 of 3

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLP 5594T

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT BONNET	BENT / WARPED	882.00	882.00
1	FRONT BONNET HINGE	NOT NECESSARY	58.00	-
1	FRONT HEADLAMP N/S	BROKEN	1,035.00	690.45
1	FRONT SUPPORT PANEL	CRACKED	768.00	645.11
1	FRONT GRILLE LOGO	NOT NECESSARY	184.80	-
1	FRONT BUMPER	DISTORTED	1,440.00	845.15
1	FRONT BUMPER FOG LAMP	NOT NECESSARY	240.00	-
1	FRONT BUMPER FOG LAMP COVER	NOT NECESSARY	177.60	-
1	FRONT BUMPER INNER SPONGE	NOT NECESSARY	50.00	-
1	FRONT BUMPER REINFORCEMENT	NOT NECESSARY	465.00	-
1	FRONT BUMPER SIDE CHROME MOULDING	NOT NECESSARY	102.00	-
1	FRONT BUMPER SIDE RETAINER N/S	CRACKED	187.20	66.50
1	FRONT FENDER - LH	DISTORTED	686.40	502.00
1	FRONT FENDER BRACKET	NO SUCH PARTS	39.00	-
1	FRONT FENDER INNER SHIELD	TORN	345.60	188.20
1	FRONT FENDER INNER RUBBER	TORN	33.50	33.50
1	FRONT WHEEL HUB WITH BEARING	DAMAGED	576.00	576.00
1	FRONT SHOCK ABSORBER	BENT	384.00	384.00
1	FRONT KNUCKLE ARM	BENT	751.20	545.00
1	FRONT KNUCKLE ARM BEARING	NECESSARY	56.10	56.10
1	FRONT LOWER ARM	NOT NECESSARY	420.00	-
1	FRONT TIE ROD	NOT NECESSARY	120.00	-
1	FRONT DRIVE SHAFT - LH	NOT NECESSARY	2,640.00	-
1	FRONT WINDSCREEN GLASS	CRACKED	690.00	690.00
1	FRONT WINDSCREEN MOULDING	NECESSARY	89.00	89.00
1	FRONT DOOR - LH	DISTORTED	1,645.00	1,210.00
1	FRONT DOOR STICKER	NECESSARY	75.00	75.00
1	FRONT DOOR GLASS OUTER MOULDING	NECESSARY	56.20	56.20
2	FRONT DOOR HINGES	NOT NECESSARY	178.00	-
1	FRONT DOOR INNER BOARD	NOT NECESSARY	835.00	-
1	FRONT DOOR LOCK	NOT NECESSARY	304.20	-

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

Page No.:2 of 3

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
1	FRONT DOOR REGULATOR	NOT NECESSARY	415.00	-
1	FRONT DOOR REGULATOR MOTOR	NOT NECESSARY	615.00	-
1	FRONT DOOR RUBBER	NOT NECESSARY	193.10	-
1	FRONT DOOR SIDE MIRROR	DAMAGED	691.60	691.60
1	REAR TAILLAMP - LH	NOT NECESSARY	389.00	-
1	REAR BUMPER	TO REPAIR SEE LABOUR	1,289.00	-
1	REAR BUMPER SIDE RETAINER	NOT NECESSARY	68.50	-
1	REAR FENDER	TO REPAIR SEE LABOUR	895.00	-
1	REAR FENDER INNER SHIELD	NOT NECESSARY	124.00	-
	LESS 10% DISCOUNT		-2,019.40	-822.58
			18,174.60	7,403.23
1	FRONT WHEEL RIM - LH (SN)	WARPED	1,250.00	400.00
	LESS 10% DISCOUNT		-125.00	-
			1,125.00	400.00
	SPECIAL NETT ITEMS			
1	SET FRONT BUMPER CLIP (SN)	NECESSARY	60.00	50.00
1	SET FRONT FENDER INNER SHIELD CLIP (SN)	NECESSARY	50.00	50.00
1	FRONT TYRE (SN) (LOCAL PURCHASE) (\$200.00) (60%)	CUT	400.00	120.00
1	FRONT WINDSCREEN SEALANT (SN)	NECESSARY	80.00	40.00
1	ERP BRACKET (SN)	NECESSARY	35.00	20.00
1	REAR FENDER QUARTER GLASS SEALANT (SN)	NOT NECESSARY	80.00	-
			705.00	280.00
	<u>LABOUR</u>			
	TO CHECK WIRING AND RESET HEADLAMPS FOCUSING.		80.00	20.00
	TO REMOVE, REPLACED DAMAGED LAMPS AND CHECK UP REAR WIRING.	NOT NECESSARY	80.00	-
	TO REMOVE AND REFIT INNER GARNISHES.	NOT NECESSARY	180.00	-
	TO REMOVE AND REFIT FRONT UNDERCARRIAGE.		450.00	150.00
	TO CONDUCT WHEEL ALIGNMENT.		150.00	80.00
	TO REMOVE AND REFIT DASHBOARD.	NOT NECESSARY	200.00	-

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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 AND REFIT FRONT WINDSCREEN GLASS.		180.00	120.00
	TO REMOVE, REFIT DOOR FITTINGS AND REPLACE DAMAGED PARTS, TRANSFER ALL FITTINGS TO NEW DOOR.		200.00	60.00
	TO APPLY UNDERCOATING.		200.00	80.00
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR BUMPER AND REAR FENDER.		2,000.00	1,000.00
	TO RE-SPRAY PAINTING ON THE AFFECTED AREAS.		1,800.00	1,200.00
			5,520.00	2,710.00
	GRAND TOTAL		25,524.60	10,793.23

RECOMMENDED COST OF LUMP SUM REPAIRS		8,600.00
(TO ITS PRE-ACCIDENT CONDITION)		·

Report Ref No. CS/EQI22007696/Ucy3e2

CHUA KANG SENG

Licensed Appraiser

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 Submission 11/08/2022 17:15 (SGT) Reported by Date of Accident 11/08/2022 10:20 (SGT) Exact Location of Accident Singapore Additional Location Information UPP PAYA LEBAR RD X NEW INDUSTRIAL RD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Volkswagen

1197

Vehicle Registration Number SLP5594T

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner HAN AI LING NRIC No SXXXX117C Email Address andrea.han.al@gmail.com Mobile Phone No (Phone) +65-83188005 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

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

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number D21MTPV01016809

DRIVER

CC

Name of Driver HAN AI LING NRIC No SXXXX117C Date Of Birth 27/05/1980 Occupation Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	24/05/2001 21 YEARS AND 3 MONTHS Female (Phone) +65-83188005 - andrea.han.al@gmail.com BLK 169B PUNGGOL FIELD #14-675 822169 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Side Swipe Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	No 2 Yes Yes Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No
CIRCUMSTANCES OF ACCIDENT	
PLS REFER TO THE ATTACHED STATEMENT	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number	GBG4785G

Vehicle Model
Vehicle Variant

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	FAIROS KHAN BIN AMIR KHAN
NRIC No	SXXXX323J
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 Phone No	FAIROS KHAN BIN AMIR KHAN Male -
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBG4785G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Actual Driver.
- 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.

- 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 sized outside of Singapore, for one or more of the above Purposes.

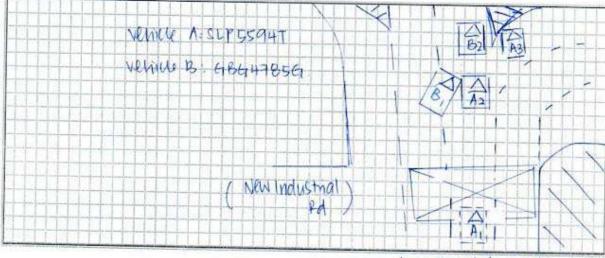
Policyholder's Signature / Date & Time

Driver's Signature (if dever is not the policyholder) / Date

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

11/08/12

Sketch Plan



upp Paya Lebar Rd.

-	Peter	to	POTUE	feport -	
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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

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

2





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

1 of 3 Report No. T/20220811/7020

REPORT OF A TRAFFIC ACCIDENT

Date/Tim 11/08/202	e Report I 22 13:49	Made:	Vide Report No.:	Station Diary No.:
Informan	t's Partic	ulars	No. of the Name of the Land	
Name of I HAN AI L		111	Address: 169B PUNGGOL FIEL	D #14-675 SINGAPORE 822169
ID Type / NRIC NO	ID No.: / S80141	17C	Contact No.: Home/Office:	Mobile: 83188005
Nationalit SINGAPO		'EN	Email: ANDREA.HAN.AL@G	
Sex: Female	Age: 42	Date of Birth: 27/05/1980	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupatio	n:		Driving Licence Inform Class:	ation: Date of Expiry:

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/08/2022 10:2	Type of Location Straight Road
UPPER PAYA	LEBAR ROAD			
		Road Surface: Dry		Road Speed Limit:
Weather: Clear Traffic Flow: One Way		Road Surface: Dry Traffic Control: Traffic Light - Wor	king	Road Speed Limit: Traffic Volume: Moderate

Vehicle No.	Type	Make	Model	Color	O	
THE RESERVE AND ADDRESS OF THE PARTY OF THE				A STATE OF THE PARTY OF THE PAR	Conditio	No of
GBG4785G	Lorry	TOYOTA	Dyna	Silver	Seriously Damaged	0
SLP5594T	Car	VOLKSWAGO N	POLO GP 1.2 TSI A/T ABS D/AIRBAG 2WD 5DR	Black	Seriously Damaged	0



T/20220811/7020

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

Report No. T/20220811/7020

CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SLP5594T	TENET SOMPO INSURANCE PTE. LTD.	D21MTPV0101680	25/11/2021	24/11/2022	

Details of Perso	on Involved	WEST CO.	W W # 3	WHICH !	014	机量数据数量为10000
Any Pedestrian I						
No. of Pedestrian	Use of Pedestrian Crossing: NA					
Driver					i de la constantina	March 1 and 1 and
Name	FAIROS KHAN BIN AMIRKHAN			ID No.		S8117323J
Related Vehicle	GBG4785G (Lorry)			Contact No.		NIL
Hospital/Clinic	RAFFLES HOSPITAL			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL
Date	11/08/2022	Date			3/2022-	
No. of Days granted Medical Leave NIL			Degree o			and the latest and th
Driver					VeS)	Charles of the Control of the Control
Name	HAN AI LING			ID No.		S8014117C
Related Vehicle	SLP5594T (Car)			Contact No.		83188005
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL
Date	NIL	Date NIL		NIL		
No. of Days granted Medical Leave NIL			Degree of NIL		The second second	

Brief Details.

On 11/08/2022 at about 10:20hr, I was driving my vehicle along Upper Paya Lebar Road. Approaching the junction to New Industrial Road, I was travelling along the 2nd lane from the right. Suddenly I felt an impact on my vehicle's left portion. Vehicle Number - GBG4785G, had tried to filter in and collided onto my vehicle.

Subsequently, the said driver was not able to alight his vehicle as he complained of leg pain and I called for the ambulance. He was then conveyed to the hospital from the accident scene and Traffic Police attended the scene as well.





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

3 of 3 Report No. T/20220811/7020

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report habeen authenticated by Singpass. No signature required.			
Signature Of Interpreter: Not applicable	Date/Time: 11/08/2022 13:49			
Officer In Charge Of Case: TP / TPIB / YAN MINGSHENG DANIEL Contact No.: 65476252	Classification Of Case:			
NP168				



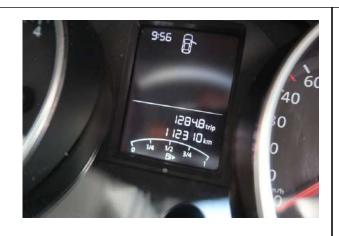
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PHOTOGRAPHS FOR VEHICLE NO. SLP 5594T

INSPECTION















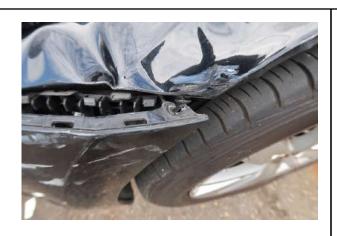
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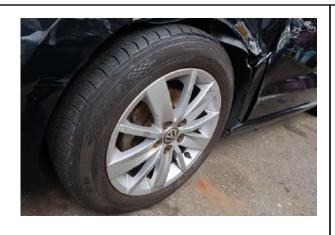


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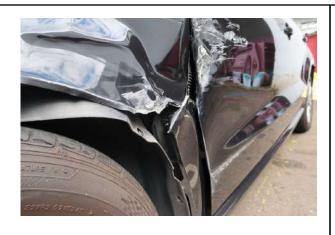


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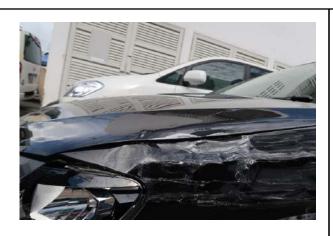
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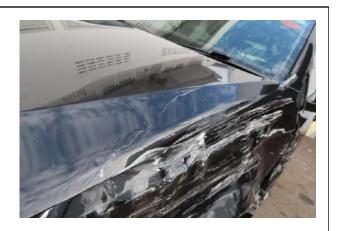














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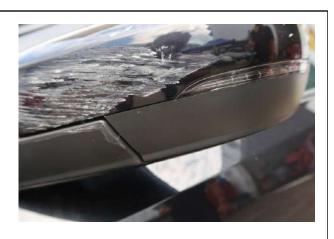
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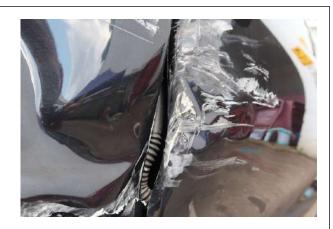






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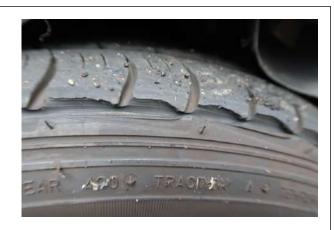






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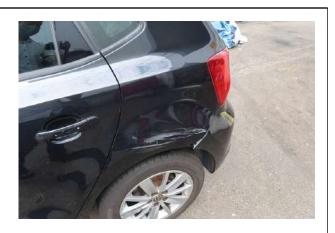










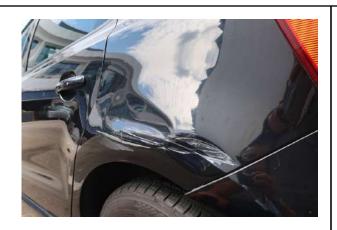


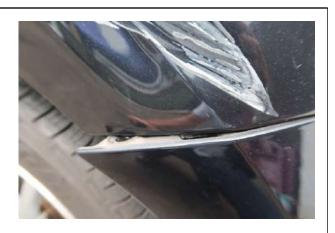


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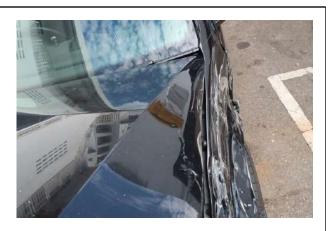














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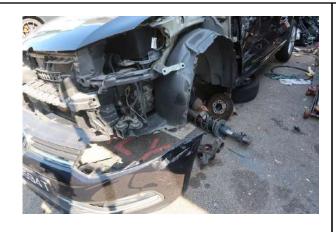
Reg. No: 199607198R GST Reg. No. 19-9607198-R

PHOTOGRAPHS FOR VEHICLE NO. SLP 5594T

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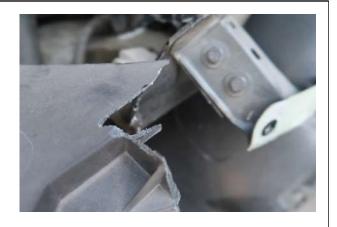














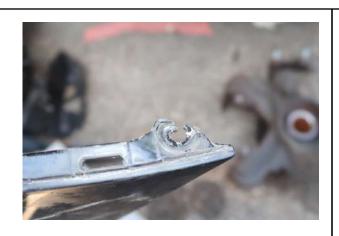
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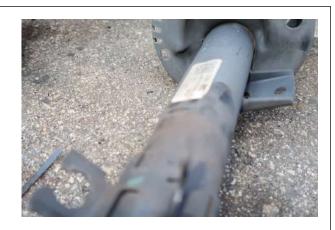






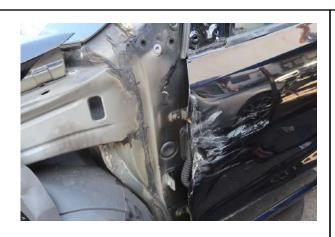
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