



## 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. AC2206868

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

INV Date 07/11/2022  
Reference CS/EQI22008525/Kcy3m4  
Code EQI

### PROFESSIONAL SERVICE FEE

Vehicle No. SNG 1604Z  
Insured Veh. YQ 3442C  
Claim No. DM22HO01469  
Policy No. DMCPHQ22-000484  
Accident Date 26/08/2022  
Inspection Date 01/09/2022

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

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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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/EQI22008525/Kcy3m4

Date: 07/11/2022

Code: EQI

### 1. Policy Particulars :- THIRD PARTY CLAIM

<b>Insured Veh.</b>	YQ 3442C	<b>Veh. Inspected</b>	SNG 1604Z
<b>Policy No.</b>	DMCPHQ22-000484	<b>Coverage (\$)</b>	0.00
<b>Claim No.</b>	DM22HO01469	<b>Excess (\$)</b>	0.00
<b>Assign From</b>	NEO JIE SI	<b>Assign Date</b>	01/09/2022

### 2. Vehicle Particulars & Condition

<b>Make &amp; Model</b>	HYUNDAI IONIQ (A)	<b>c.c</b>	1580
<b>Engine No.</b>	HIDDEN	<b>Year of Reg.</b>	2022
<b>Chassis No.</b>	KMHC851CVNU292616	<b>Colour</b>	GREY
<b>Odometer</b>	11373 KM	<b>Steering</b>	IN ORDER
<b>Brakes</b>	IN ORDER	<b>Modification</b>	STANDARD ALLOY RIM
<b>General</b>	GOOD		

### 3. Conditions of Tyres

	Size	Make	Balance
<b>R/H Front Tyre</b>	195/65 R15	MICHELIN	9 mm
<b>L/H Front Tyre</b>	195/65 R15	MICHELIN	9 mm
<b>R/H Rear Tyre</b>	195/65 R15	MICHELIN	9 mm
<b>L/H Rear Tyre</b>	195/65 R15	MICHELIN	9 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.  
DAMAGES SEE DETAILS.

### 5. General Information

<b>Accident Date</b>	26/08/2022	<b>Inspection Date</b>	01/09/2022
<b>Survey held at</b>	TRANS-CAB AUTO SERVICES PTE LTD NO.2 ANG MO KIO ST 63 SINGAPORE 569111		

### 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:	<b>5 Working Days</b>
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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SNG 1604Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	REAR BUMPER	BENT	475.80	475.80
1	REAR BUMPER CENTRE MOULDING ASSY	BENT	216.50	216.50
1	REAR LOWER BUMPER MOULDING	DISTORTED	47.50	47.50
1	REINFORCEMENT SUB-ASSY, REAR BUMPER	BENT	294.80	294.80
1	REAR END PANEL	BENT	532.00	532.00
1	LAMP ASSY - REAR FOG	SERVICEABLE	201.50	-
1	LAMP ASSY - REAR COMBINATION INSIDE, LH	CUT	794.40	794.40
1	LAMP ASSY - REAR COMBINATION INSIDE, RH	CUT	794.40	794.40
1	LAMP ASSY - REAR COMBINATION OUTSIDE, LH	SERVICEABLE	263.10	-
1	LAMP ASSY - REAR COMBINATION OUTSIDE, RH	SERVICEABLE	263.10	-
1	PANEL ASSY - TAILGATE	BENT	2,549.70	2,549.70
1	HINGE ASSY - TAILGATE	TO REPAIR SEE LABOUR	31.30	-
1	GLASS ASSY - TAILGATE, LOWER	SHATTERED	384.90	384.90
1	SPOILER - REAR (CUT)	RESPRAY	665.40	-
1	LIP ASSY - REAR SPOILER, LH	NOT NECESSARY	8.00	-
1	LIP ASSY - REAR SPOILER CENTER	SERVICEABLE	15.20	-
1	LIP ASSY - REAR SPOILER, RH	NOT NECESSARY	8.00	-
1	LAMP ASSY - HIGH MOUNT STOP	SERVICEABLE	171.90	-
1	EMBLEM - SYMBOL MARK	NECESSARY	29.90	29.90
1	GARNISH - TAILGATE	SERVICEABLE	36.10	-
1	HANDLE ASSY - TAILGATE RELEASE	DISTORTED	47.90	47.90
1	STRIP - TAILGATE GARNISH	SERVICEABLE	8.40	-
1	EMBLEM - HYBRID	NECESSARY	24.30	24.30
1	EMBLEM-IONIQ	NECESSARY	31.30	31.30
1	PANEL ASSY - REAR FLOOR, REAR	TO REPAIR SEE LABOUR	292.50	-
	LESS 10% DISCOUNT		-818.79	-
	LESS 20% DISCOUNT		-	-1,244.68
			7,369.11	4,978.72

Report Ref No. CS/EQI22008525/Kcy3m4



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Page No.:2 of 3

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>SPECIAL NETT ITEMS</u></b>			
2	WINDSCREEN SEALANT (SN)	NECESSARY	150.00	80.00
1	WINDSCREEN MOULDING (SN)	NECESSARY	200.00	200.00
1	WINDSCREEN INNER SPONGE SEAL (SN)	NECESSARY	130.00	60.00
1	SET PARKING AID (SN)	SHORTED	700.00	220.00
1	REAR NUMBER PLATE (SN)	BENT	180.00	45.00
1	SET REAR BUMPER CLIP (SN)	NECESSARY	85.00	60.00
1	REAR BUMPER RETAINER CLIP (SN)	NOT NECESSARY	75.00	-
			1,520.00	665.00
	<b><u>LABOUR</u></b>			
	TO REMOVE AND REFIT INTERIOR FITTINGS, TRIMINGS, GARNISH, FITTINGS AND OTHER TO ENABLE REPAIR.		380.00	60.00
	TO REMOVE AND REFIT REAR BIG AND SMALL W/SCREEN GLASS TO FACILITATE BODYWORK REPAIR.		300.00	180.00
	TO RUST-PROOFING AND APPLY UNDERCOAT OF THE AFFECTED AREAS.		240.00	60.00
	TO REMOVE AND REFIT INTERIOR FITTINGS, TRIMINGS, GARNISH, FITTINGS AND OTHER, TO ENABLE REPAIR.	REPEATED	380.00	-
	PANEL BEATING, KNOCKING AND STRAIGHTENING THE NECESSARY PORTION, REMOVE AND RENEWAL OF PARTS, ADJUST AND REALIGN THE SAME. INCLUSIVE OF THE REPAIR OF HINGE ASSY - TAILGATE & PANEL ASSY - REAR FLOOR, REAR.		1,600.00	600.00
	TO TRANSFER OF REAR END PANEL FITTINGS, ATTACHMENT TO FACILITATE BODYWORK REPAIR.	NOT NECESSARY	380.00	-
	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION.		1,600.00	660.00
	TO REINSTALL REAR BUMPER PARKING SENSOR.		170.00	50.00
	TO TRANSFER OF TIRE, RIM AND ON WHEEL BALANCING.	NOT NECESSARY	170.00	-
	TO CHECK ELECTRICAL LIGHTING CONCERNED.		170.00	20.00
	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT.	NOT NECESSARY	220.00	-
			5,610.00	1,630.00
<b>GRAND TOTAL</b>			<b>14,499.11</b>	<b>7,273.72</b>

Report Ref No. CS/EQI22008525/Kcy3m4



RECOMMENDED COST OF REPAIRS			7,273.72
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Report Ref No. CS/EQI22008525/Kcy3m4

A handwritten signature in black ink, consisting of the letters 'KSC' in a cursive style.

KONG SENG CHEONG

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 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 Submission ..... 31/08/2022 16:12 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 26/08/2022 07:40 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... AYE MCE EXIT FILTER ONTO ALEXANDRA ROAD  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SNG1604Z

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... TRANS LEASING PTE LTD  
Company Reg No ..... 201603575K  
Email Address ..... CLAIMS@TRANSCAB.COM.SG  
Mobile Phone No ..... (Phone) +65-98002270  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... Ioniq  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 1600

#### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Policy Number / Cover Note Number ..... 5128626563

#### DRIVER

Name of Driver ..... Lee Kay Hiang ( Li Jiaxian)  
NRIC No ..... S7616238G  
Date Of Birth ..... 08/06/1976  
Occupation ..... Outdoor

Date Of Driving Pass .....	26/07/1995
Driving experience .....	27 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-98002270
Alt. Phone Number .....	-
Email Address .....	CLAIMS@TRANSCAB.COM.SG
Address .....	Blk 592A MONTREAL LINK #10-02
Address complement .....	-
Postcode .....	751592
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) .....	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 .....	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? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	Adv to upload onto motorvideo@income.com.sg

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	YQ3442C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Goods vehicle
Name of Driver .....	Islam Mohammad tarikul
Passport No/FIN .....	G2338802U
Contact Number .....	(Phone) +65-86541351
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 .....	Lee Kay Hiang
Gender .....	Male
Phone No .....	(Phone) +65-98002270
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SNG1604Z
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.
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.

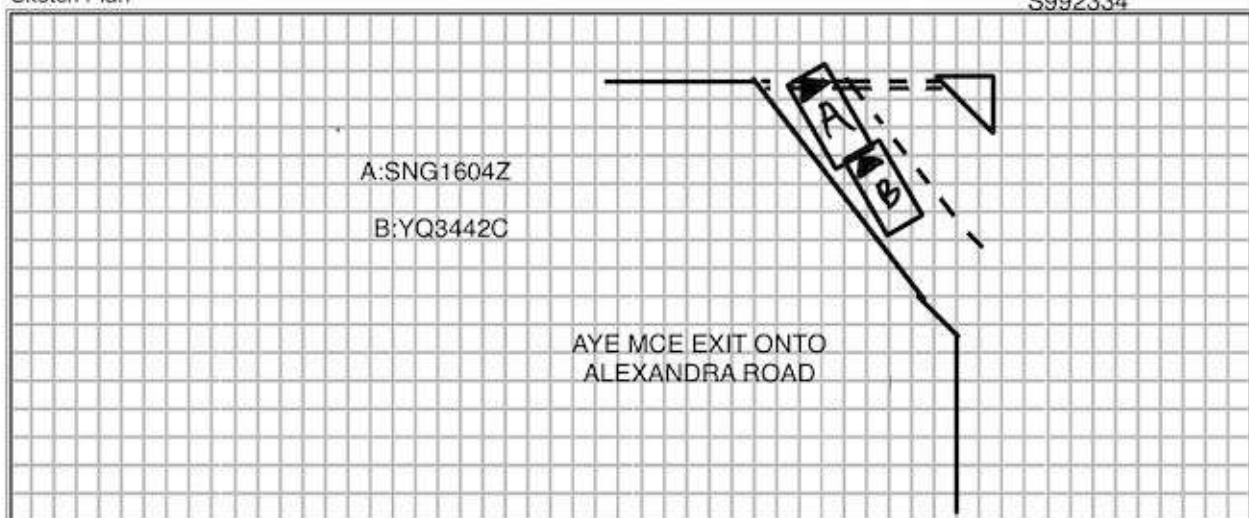
Policyholder's Signature / Date & Time

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

31/8/2022 1600

Witnessed by Reporting Centre Personnel

(Name as in NRIC/ID card) Tee Hong da S992334

**Sketch Plan**

Describe Circumstance of the Accident

Refer to POLICE report

**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

31/8/2022 1600

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

Tee Hong da S992334

2





**SINGAPORE  
POLICE FORCE**



T/20220826/7028

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

2 of 3

Report No. 1/20220826/7028

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE KAY HIANG	ID No.	S7616238G
Related Vehicle	SNG1604Z (Car)	Contact No.	98002270
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	26/08/2022	Date	26/08/2022
No. of Days granted Medical Leave	07	Degree of	Serious

**Brief Details.**

On 26th Aug 2022, at about 0740am

I was driving on aye towards Alexander hospital. At the slip road i was turning left at the slip road exit to Alexander hospital. Suddenly veh b yq3442c hit onto my rear of my car, the impact was very big and i was feeling pain from my neck and back, my passenger call the 995 and i was convey to hospital.





**SINGAPORE  
POLICE FORCE**



T/20220826/7028

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

1 of 3

Report No. 1/20220826/7028

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/08/2022 14:50	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: LEE KAY HIANG		Address: 592A MONTREAL LINK #10-02 SINGAPORE 751592	
ID Type / ID No.: NRIC NO / S7616238G		Contact No.: Home/Office: Mobile: 98002270	
Nationality: SINGAPORE CITIZEN		Email: JOHNLEEKH@HOTMAIL.COM	
Sex: Male	Age: 46	Date of Birth: 08/06/1976	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Phv driver		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/08/2022 07:40	Type of Location: Bend
Location:  ALEXANDRA ROAD				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	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	Conditio	No of
SNG1604Z	Car	HYUNDAI	Ioniq	Grey	Seriously Damaged	1
YQ3442C	Lorry		Lorry		Seriously Damaged	5





**SINGAPORE  
POLICE FORCE**



T/20220826/7028

3 of 3

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

Report No. 1/20220826/7028

**CONTINUATION OF REPORT**Sketch 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 / TPIB /  
JOFILIANO BIN MOHAMED ALI  
Contact No.: 65476960

NP168

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

Date/Time:  
26/08/2022 14:50

Classification Of Case:



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### PHOTOGRAPHS FOR VEHICLE NO. SNG 1604Z

### INSPECTION







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### PHOTOGRAPHS FOR VEHICLE NO. SNG 1604Z

### RE-INSPECTION





## LKK Auto Consultants Pte Ltd

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