



## 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

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

INV No. AC2300767

INV Date 10/02/2023

Reference CS/EQI23000958/Uvp3m4

Code EQI

### PROFESSIONAL SERVICE FEE

Vehicle No. SMN 5229Y

Insured Veh. SKU 6495A

Claim No. DM23HO00203/JT

Policy No.

Accident Date 29/01/2023

Inspection Date 31/01/2023

Description	Total
Survey Inspection	160.00
Resurvey Inspection	
Digital Photographs	
Transportation	
<b>Subtotal</b>	<b>160.00</b>
<b>GST (8%)</b>	<b>12.80</b>
<b>Grand Total</b>	<b>172.80</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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Affiliated to Federation Internationale Des Experts En Automobile			
EQ INSURANCE COMPANY LTD 5 MAXWELL ROAD #17-00 TOWER BLOCK MND COMPLEXSINGAPORE 069110		Ref: CS/EQI23000958/Uvp3m4 Date: 10/02/2023  Code: EQI	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SKU 6495A	Veh. Inspected	SMN 5229Y
Policy No.		Coverage (\$)	0.00
Claim No.	DM23HO00203/JT	Excess (\$)	0.00
Assign From	JAIME TAY	Assign Date	31/01/2023
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	HONDA FREED HYBRID (A)	c.c	1496
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	GB71099150	Colour	BLUE
Odometer	86505 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	185/65 R15	CONTINENTAL	6 mm
L/H Front Tyre	185/65 R15	CONTINENTAL	6 mm
R/H Rear Tyre	185/65 R15	CONTINENTAL	6 mm
L/H Rear Tyre	185/65 R15	CONTINENTAL	6 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	29/01/2023	Inspection Date	31/01/2023
Survey held at	LEE BROTHERS AUTOMOTIVE PTE LTD 1 KAKI BUKIT AVENUE 6 #02-47 AUTOBAY SINGAPORE 417883		
<b>5a. Remarks</b>			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
<b>5b. Estimate Days of Repair</b>			
ESTIMATED NORMAL PERIOD FOR REPAIR:		4 Working Days	



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMN 5229Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	TAILGATE	BADLY DENTED	1,568.60	1,568.60
1	SET TAILGATE GLASS MOULDING	NECESSARY	121.60	121.60
2	TAILGATE LAMPS -R/L @\$481.60	NOT NECESSARY	963.20	-
1	TAILGATE CHROME MOULDING	CRACKED	281.90	281.90
1	TAILGATE 'H' LOGO	NECESSARY	58.80	58.80
1	TAILGATE EMBLEM 'FREED'	NECESSARY	86.60	86.60
1	TAILGATE EMBLEM 'HYBRID'	NECESSARY	89.90	89.90
1	TAILGATE INNER LOCK	TWISTED	310.50	200.80
1	TAILGATE INNER TRIM BOARD	DEFORMED/TORN	561.90	561.90
2	TAILGATE STOPPER @\$10.50	NOT NECESSARY	21.00	-
1	TAILGATE W/STRIP	TWISTED/TORN	181.90	181.90
2	TAILLAMP -R/L @\$656.40	O/S CRACKED	1,312.80	656.40
1	REAR BUMPER	DENTED/DEFORMED	1,210.60	950.00
2	REAR BUMPER SIDE RETAINERS -R/L @\$89.60	NOT NECESSARY	179.20	-
1	REAR END PANEL	TO REPAIR SEE LABOUR	691.50	-
1	REAR END PANEL GARNISH	NOT NECESSARY	241.50	-
1	REAR SMART KEYLESS ANTENNA	NOT NECESSARY	191.20	-
	LESS 20% DISCOUNT		-1,614.54	-951.68
			6,458.16	3,806.72
<b><u>SPECIAL NETT ITEMS</u></b>				
1	SET TAILGATE GLASS SEALANT (SN)	NECESSARY	80.00	40.00
1	SET TAILGATE GLASS FOAM TAPE (SN)	NECESSARY	65.00	40.00
1	SET REAR BUMPER CLIP (SN)	NECESSARY	45.00	45.00
1	SET REAR REVERSE SENSOR (SN)	SHORTED	280.00	200.00
1	SET REAR NUMBER PLATE WITH HOLDER (SN)	SERVICEABLE	60.00	-
1	REAR REVERSE CAMERA (SN)	NOT NECESSARY	450.00	-
			980.00	325.00
<b><u>LABOUR</u></b>				
	TO REMOVE AND REFIX TAILGATE GLASS.		180.00	120.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TRANSFER & REINSTALL TAILGATE COMPONENTS TO NEW TAILGATE.		120.00	60.00
	TO CHECK REAR ELECTRICAL WIRING.		50.00	20.00
	TO REMOVE & REFIX REAR INTERIOR TRIMS TO ASSIST REPAIR.		100.00	80.00
	TO REMOVE AND REPLACE REVERSE CAMERA & SENSORS.		80.00	50.00
	TO TUFF KOTE.		60.00	30.00
	TO PUTTY, SPRAY PAINT & POLISH AFFECTED PARTS.		1,000.00	600.00
	TO PANEL BEAT, CUT, WELD, REMOVE & REPLACE DAMAGED PARTS. INCLUSIVE OF THE REPAIR OF REAR END PANEL.		900.00	540.00
			2,490.00	1,500.00
<b>GRAND TOTAL</b>			<b>9,928.16</b>	<b>5,631.72</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>4,500.00</b>

Report Ref No. CS/EQI23000958/Uvp3m4

CHUA KANG SENG

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 .....	30/01/2023 13:13 (SGT)
Reported by .....	Driver
Date of Accident .....	29/01/2023 14:45 (SGT)
Exact Location of Accident .....	Punggol Rd, Singapore
Additional Location Information .....	TWDS UPPER SERANGOON RD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMN5229Y
-----------------------------------	----------

#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	LIMOSERVICEN
Company Reg No .....	53401154C
Email Address .....	KENPOH32@GMAIL.COM
Mobile Phone No .....	(Phone) +65-96556698
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Freed
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 car
Transmission .....	Auto
CC .....	1500

#### INSURANCE COMPANY

Name of Insurance Company .....	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	SP2002641968

#### DRIVER

Name of Driver .....	POH HEE KEN
NRIC No .....	S8124227E
Date Of Birth .....	19/08/1981
Occupation .....	Outdoor

Date Of Driving Pass .....	04/06/2003
Driving experience .....	19 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96556698
Alt. Phone Number .....	-
Email Address .....	KENPOH32@GMAIL.COM
Address .....	BLK 416C FERNVALE LINK #21-74
Address complement .....	-
Postcode .....	793416
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	BOSS
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### PASSENGER 1

Name .....	FAIZAL
Gender .....	Male

#### PASSENGER 2

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: T/20230130/7013.

#### 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 .....	SKU6495A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	LEE KONG WUI
Contact Number .....	(Phone) +65-93822022
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	VEHICLE B
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SJR8707D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	VEHICLE C
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	POH HEE KEN
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMN5229Y
Were seat belts worn? .....	Yes
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.
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.

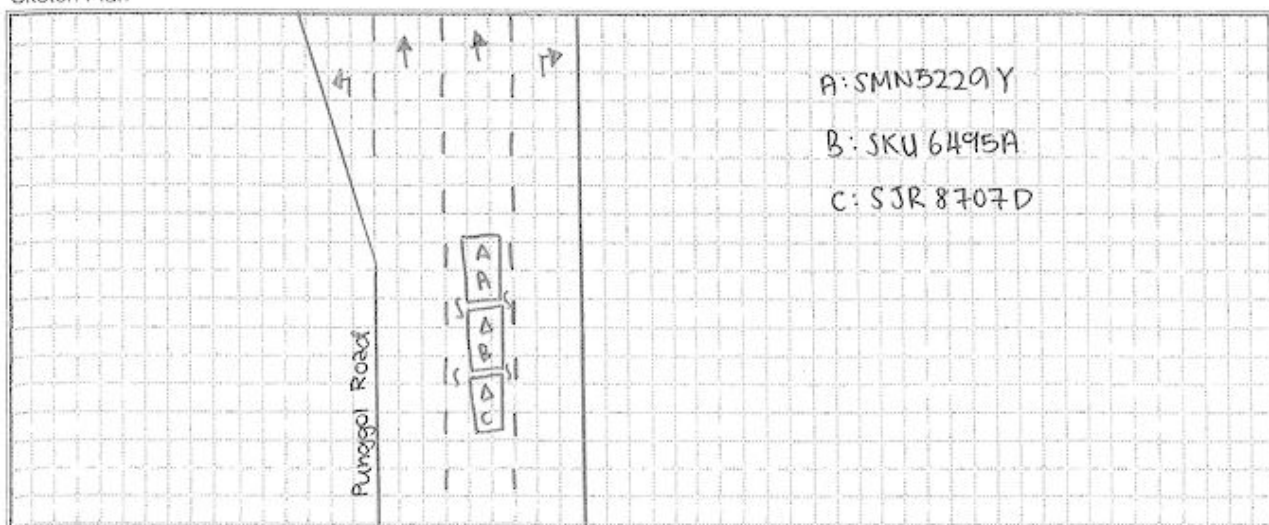


Policyholder's Signature / Date & Time

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

1



Describe Circumstance of the Accident

AS PER  
POLICE  
REPORT

Declaration

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



*[Handwritten Signature]*

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)



**SINGAPORE  
POLICE FORCE**



T/20230130/7013

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

1 of 3

Report No. T/20230130/7013

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/01/2023 11:40	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

**Informant's Particulars**

Name of Informant: POH HEE KEN			Address: 416C FERNVALE LINK #21-74 SINGAPORE 793416		
ID Type / ID No.: NRIC NO / S8124227E			Contact No.: Home/Office: Mobile: 96556698		
Nationality: SINGAPORE CITIZEN			Email: kenpoh32@gmail.com		
Sex: Male	Age: 41	Date of Birth: 19/08/1981	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Sales			Driving Licence Information: Class: Date of Expiry: 29/01/2023		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/01/2023 14:45	Type of Location: X-Junction
Location:  PUNGGOL ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJR8707D	Car					0
SKU6495A	Car					0
SMN5229Y	Car					0



**SINGAPORE  
POLICE FORCE**



T/20230130/7013

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

2 of 3

Report No. T/20230130/7013

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	POH HEE KEN	ID No.	S8124227E
Related Vehicle	SMN5229Y (Car)	Contact No.	96556698
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: 29/01/2023
Date	29/01/2023	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Slight

**Brief Details.**

I was travelling along Punggol Road towards Upper Serangoon Road on 29/01/2023 at about 2.45pm with my car bearing car plate number SMN5229Y. My vehicle was stationary as I was waiting for the traffic light. Suddenly I felt an impact from the rear. I alighted and found out that it was an accident involving 3 vehicles. Vehicle bearing car plate number SKU6495A collided onto the rear portion of my vehicle and behind SKU6495A was SJR8707D. We exchange particulars and left the scene.

After the accident I felt unwell and proceeded to consult a doctor and was given 5 days MC. My passenger said that they will be consulting a doctor too as they both also felt unwell after the accident. (I have no details of my passenger as it was a private hirer during the time of accident)

Details I have:

Passenger name : Faizal and his spouse (86994679)



**SINGAPORE  
POLICE FORCE**



T/20230130/7013

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

3 of 3

Report No. T/20230130/7013

**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 /  
MUHAMMAD NOOR BIN ABDUL RAHMAN  
Contact No.: 65476219

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

Date/Time:  
30/01/2023 11:40

Classification Of Case:

NP168





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### PHOTOGRAPHS FOR VEHICLE NO. SMN 5229Y

### INSPECTION





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PHOTOGRAPHS FOR VEHICLE NO. SMN 5229Y

RE-INSPECTION



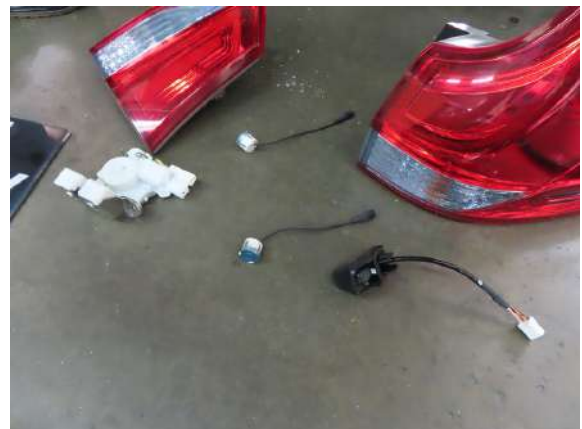


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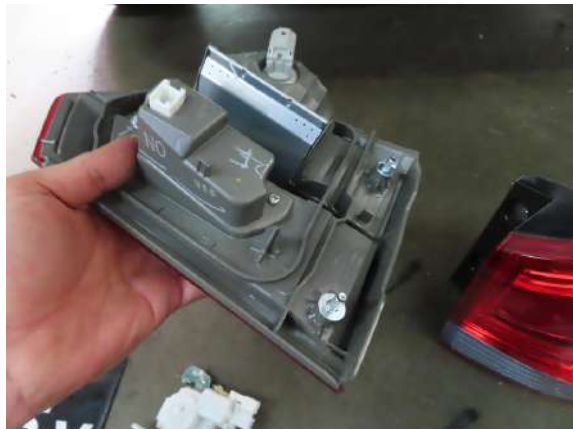


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**PHOTOGRAPHS FOR VEHICLE NO. SMN 5229Y**

**RE-INSPECTION**

