

TO :

FAX NO:

ESTIMATE REPORT 1ST Quotation

04/12/2024 20:09

JOB-NO: 50116597

OWNER'S PARTICULARS

NAME: CityCab PTE LTD (Fleet)

CONTACT: 65533880

Page 1 of 2

ADDRESS: 383 SIN MING DRIVE
SINGAPORE 575717 0

64739522

VEHICLE DETAILS

LICENSE NO: SHC0288B

TRANS: AUTO

CHASSIS: KMHC851CVLU178681

MAKE / MODEL: HYUNDAI / AE IONIQ HEV 1.6 DI

ENGINE: G4LEKU362972

OWNER'S INSURER: MS First Capital Insurance Limited

JOB-CODE: TP

SA: Ding Auto User 1

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
<u>LABOUR</u>							
1 STRAIGHT AND PANEL BEAT ACCIDENT AREA	1.00	400.00	0.00	400.00		Y	200
2 SUNDRIES	1.00	50.00	0.00	50.00		Y	X
3 DIAGNOSTIC(CLEAR FAULT CODE) & CHECK WIRING & LIGHTING SYSTEM	1.00	180.00	0.00	180.00		Y	X
4 RESPRAY FRONT BUMPER	1.00	250.00	0.00	250.00		Y	200
5 RESPRAY FRONT BUMPER CENTER MOULDING	1.00	200.00	0.00	200.00		Y	50
6 RESPRAY FRONT BUMPER DAYLIGHT COVER LH	1.00	150.00	0.00	150.00		Y	X 50
TOTAL:		1,230.00	0.00	1,230.00			
<u>MATERIALS</u>							
1 FRONT BUMPER	1.00	430.90	86.18	344.72	L	Y	de
2 FRONT BUMPER CENTER MOULDING	1.00	284.90	56.98	227.92	L	Y	ant
3 FRONT BUMPER DAYLIGHT COVER LH	1.00	93.00	18.60	74.40	L	Y	ant
4 FRONT BUMPER CLIP SET	1.00	45.00	0.00	45.00	S	Y	rel 30
TOTAL:		853.80	161.76	692.04			
TOTAL PARTS & LABOUR :		2,083.80	161.76	1,922.04			

EXCESS/LOADING:S\$ 0.00

No. Of Day: 2

RE-SURVEY: BEFORE/AFTER PAINTING
PART-BY-PART OR LUMP SUM: S\$

DATE OF SURVEY: 5, 12, 24 @ 5pm.

SURVEYED BY: Tanjkin

tanjkin@lkkauto.com

CONTACT NO: 97445749

FAX NO:

NOTE: LUMP SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED
60190078

Ding Auto User 1

ESTIMATOR
STAAUTOCENTRE
TEL:

FAX:

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

G-STAR-WI-ET-001-02-Rev00