

COMFORTDELGRO ENGINEERING PTE LTD

Date: 22.01.2018

REPAIR ESTIMATE

Time: 09:21:29

Page: 1

High Asia - CP/P
LKK - Kalvin

TS

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010045
 ADDRESS : COMFORT TRANSPORTATION PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65508755

JOB NO : 305108942
 REGN NO : SHD3346S
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 21.07.2016
 DATE/TIME IN : 19.01.2018 19:45
 ACCIDENT DATE : 19.01.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0600-G WING MIRROR LH 1 980.50 20.00 784.40 ✓

SUB-TOTAL : 784.40

JOB NATURE

0000 23-01 TOWING FEE

50.00 X *not accident location*

0001 L PANEL BEATING

~~150.00~~ *100*

0002 23-502 SPRAYPAINT ON AFFECTED AREA

~~150.00~~ *50*

SUB-TOTAL : 350.00

TOTAL : 1,134.40

Limfs

MVA NAME & SIGNATURE
 DATE :

AUTHORISED : YES / NO
 SURVEYOR NAME & SIGNATURE
 DATE :

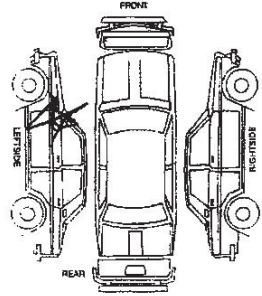
Kalvin LKK
22/1/18 1635hrs
1 Day
P/P
Before Part p photo

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before spray painting
- To display damaged parts during resurvey
- Parts prices are subject to confirmation
- The survey is on a "no win, no fee" basis
- The repairer must be approved by the insurance company

A : _____
 S : _____
 Date : _____

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition			
1. Date: <u>19/1/18</u> Time Received: <u>1945</u>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : <u>ONL PAUL MING</u> Contact No. : <u>86098693</u> Vehicle No. : <u>P4033465</u> Make / Model / Colour : <u>140 / Blue</u> Email : _____		4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up	
7. Location: <u>Berch Rd</u>		5. Nature of Service: <input type="checkbox"/> Jumpstart <input checked="" type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____		8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi	
10. Odometer Reading : _____ Fuel Level : <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E		11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested	
Job Attended			
12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input checked="" type="checkbox"/> QA <input type="checkbox"/> STD <input type="checkbox"/> TZ <input type="checkbox"/> IRS <input type="checkbox"/> OTHERS Name of Driver : <u>Paul</u> Vehicle No. : <u>YH 2914</u> Time Dispatch : <u>2800</u> Time of Arrival : <u>2100</u> Time Completed : <u>2140</u>		 #: Cracked X: Dented /: Scatched O: Missing Signature of Customer: _____	
Cash Invoice Details (if applicable)			
13. Cash Invoice No. : _____			
Customer Acknowledgement			
a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc. b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses. c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.			
Date: _____		Time: _____	
		Signature of Customer: _____	
14. WORKSHOP			
Name of Attending Staff/Guard: _____		Date & Time of Arrival: _____	
		Signature of Attending Staff/Guard: _____	