

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 8475A

MAKE :

MODEL : HYUNDAI i40

ALG/LKK

DATE 12/3/2018 11:27

FZ

REAR

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper ✓			\$ 603.60
	Rear Bumper Reinforcement ?			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH) ?		\$ 180.00	\$ 360.00
	Rear Bumper Side Bracket ?			\$ 49.00
	Rear Bumper Clips ✓			\$ 22.00
	Rear Bumper Sponge ?			\$ 143.40
	Rear Bumper Under Cover ✓			\$ 225.00
	SUB TOTAL			\$ 1,907.35
	LESS 20%			\$ 381.47
	DISCOUNTED TOTAL			\$ 1,525.88
	Rear Bumper Reverse Sensor X			\$ 135.70
	Rear Bumper Rubber Mat ✓			\$ 50.00
				\$ 185.70
	Labour Charge			200
	Panel Beating			\$ 380.00
	Spray Painting Charge			\$ 200.00 <i>180</i>
	Wiring Charge			\$ 50.00 <i>X</i>
	R/Refix Reverse Sensor			\$ 120.00 <i>20</i>
	<i>Toway - Fee</i>			\$ 60.00 <i>50-</i>
	TOTAL LABOUR			\$ 750.00
	ESTIMATE TOTAL			\$ 2,461.58

Nett
Nett

Kalvin (LKK)
12/3/18 1x0-hrs
2 Dns
P18
Before Part p 24

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:

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: <u>11/03/18</u> Time Received: <u>0100 AM</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)		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	
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : <u>Lim</u> Contact No. : <u>90063115</u> Vehicle No. : <u>SHC8475A</u> Make/Model/Colour : <u>i40</u> Email :		5. Nature of Service: <input type="checkbox"/> Jumpstart <input checked="" type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery		6. Parts Replaced/Remarks: _____ _____	
7. Location: <u>41 Bencoolen St</u>			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 type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi		
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: _____			*Accident		

10. Odometer Reading : <u>278587 km</u>		11. Radio / CD Player <input checked="" type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested	
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			

Job Attended

12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input type="checkbox"/> QA <input checked="" type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS TOWING	
Name of Driver : <u>Darren</u>	
Vehicle No. : <u>YM8875A</u>	
Time Dispatch : <u>0100 AM</u>	
Time of Arrival : <u>0125 AM</u>	
Time Completed : <u>0145 AM</u>	

Signature of Customer: [Signature]

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™.

11/03/18 Date 0125 AM Time [Signature] Signature of Customer

14. WORKSHOP

Name of Attending Staff/Guard Date & Time of Arrival Signature of Attending Staff/Guard