

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHB 6245R

MAKE :

MODEL : HYUNDAI i40

DATE 26/4/2018

AXA-CP(P)

TS

1730

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper X/par			\$ 603.60
	Rear Bumper Reinforcement X/uc			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH) X/sum		\$ 180.00	\$ 360.00
	Rear Bumper Side Bracket (LH/RH) ?			\$ 49.00 X2
	Rear Bumper Clips X na			\$ 22.00
	Rear Bumper Sponge ✓ bn			\$ 143.40
	Rear Bumper Under Cover X/uc			\$ 225.00
	SUB TOTAL			\$ 1,907.35
	LESS 20%			\$ 381.47
	DISCOUNTED TOTAL			\$ 1,525.88
	Rear Bumper Reverse Sensor X/uc			\$ 135.70 Nett
	Rear Bumper Rubber Mat X "			\$ 50.00 Nett
				\$ 185.70
	Labour Charge			
	Panel Beating			\$ 380.00 ¹⁰⁰
	Spray Painting Charge			\$ 250.00 ²⁵⁰
	Wiring Charge			\$ 50.00 X??
	R/Refix Reverse Sensor			\$ 120.00 X??
	TOWING charge - Tow Chik attached			60 ⁶⁰ nett
	TOTAL LABOUR			\$ 800.00
	ESTIMATE TOTAL			\$ 2,511.58

Kebir Ullah
 27/4/18 1020 hrs
 2 Bys.
 PIP
 Asha Raza p/lt

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after repair/painting
- To display damaged parts for resurvey
- Parts prices are subject to resurvey
- Third party surveys are not allowed
- No illegal modification is allowed
- Supplementary surveys must be approved and is subject to final approval for insurance

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>26/4/10</u> Time Received: <u>0030am</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"/> Towing 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>Mr. Tan</u> Contact No.: <u>902 31916 / 9686400</u> Vehicle No.: <u>SAB6248R</u> Make/Model/Colour: <u>Hilux</u> Email: _____	5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	6. Parts Replaced/Remarks: _____ _____
7. Location: <u>181 Orchard Rd Tan Seng</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 checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi	
9. Preferred Workshop: <input type="checkbox"/> Braddell <input 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: _____	10. Odometer Reading: <u>27846 km</u> 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 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>Mr. Tan</u> Vehicle No.: <u>1/1111</u> Time Dispatch: <u>0030am</u> Time of Arrival: <u>0055am</u> Time Completed: <u>0130am</u>		
<p># : Cracked X : Dented / : Scratched O : Missing</p> <p>Signature of Customer: _____</p>		

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™.

26/4/10 Date 0055am Time _____ Signature of Customer

14. WORKSHOP

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