

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 8818U

DATE 24/9/2018 10:45

MAKE :

MODEL : MERCEDES

LKK/Kahni

Albenn

Lke

EQ INS

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Bumper Assy, Frt <i>Actual</i>			\$ 1,890.50
	Bumper Side Beam, Frt/LH/RH <i>Xsu</i>		\$ 26.90	\$ 53.80
	Bumper Grille, Frt/Centre <i>ca</i>			\$ 290.50
	License Plate Trim Cover, Frt <i>ca</i>			\$ 155.00
	Radiator Grille <i>ca</i>			\$ 718.75
	SUB TOTAL			\$ 3,108.55
	LESS 20%			\$ 621.71
	DISCOUNTED TOTAL			\$ 2,486.84
	Number Plate, Frt (Merc Taxi) <i>Buy</i>			\$ 50.00 Nett
	Labour Charge			
	Panel Beating			\$ 220.00 ²⁰⁰
	Spray Painting Charge			\$ 220.00 ²⁰⁰
	Towing Fees			\$ 60.00 ⁶⁰
	TOTAL LABOUR			\$ 500.00
	ESTIMATE TOTAL			\$ 3,036.84

Kahni 1004
24/9/18 1125 hrs.
2 Pys
45
After Repair photo

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 items 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>21/9/18</u> Time Received: <u>1650</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 : Contact No. : <u>984991108</u> Vehicle No. : <u>SHC8818U</u> Make / Model / Colour : 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>King Albert Pic</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 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: _____					

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		 #: Cracked X: Dented / : Scratched O: Missing	
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Job Attended 12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input type="checkbox"/> QA <input type="checkbox"/> GAO <input checked="" type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS TOWING Name of Driver : <u>ADAY</u> Vehicle No. : <u>Y255665</u> Time Dispatch : <u>1650</u> Time of Arrival : <u>1740</u> Time Completed : _____		Signature of Customer _____ 	
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Cash Invoice Details (if applicable) 13. Cash Invoice No. : _____	
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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™.		
<u>21/9/18</u> <u>1740</u> Date Time		Signature of Customer _____

14. WORKSHOP Name of Attending Staff/Guard : _____ Date & Time of Arrival : _____ Signature of Attending Staff/Guard : _____		
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