

WTS Engineering Pte Ltd

8 Gul Circle, Singapore 629564 Tel: 65598984 Fax: 68622163

Company Registration Number: 200505706E

Link Auto Consultants

the Repairer or 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

Quotation

Acknowledged by Repairer

Signature

DATE: 03/04/19

VEHICLE NO: XD7925E

DRIVER: SAMBANTHAM DHATCHINAMOORTHY

ATTENTION TO:

PREPARED BY: Chan Soo Lye

LOCATION: Gul Workshop

Q REF No: Q19/04/1005

DEPARTMENT: WTS Log Prime Mover

ACCIDENT DATE: 02/04/19

REF No: JW-0419-271

S/N	Description	Qty	Cost per Unit	Amount S\$
Spare Parts				
1	FRONT WINDSCREEN GLASS	1	637.15	637.15
2	RETAINING SECTION	1	19.5	19.50
3	RUBBER STRIP	1	54.45	54.45
4	MIRROR TRIM GREY COVER	1	104.25	104.25
5	TRIM RIGHT OUTER	1	31.8	31.80
6	COVERING HINGE RIGHT	1	11.7	11.70
7	FRONT BUMPER	1	2243.1	2,243.10
Labour Costs				
1	TO DISMANTLE AND REFIT FRONT WINDSCREEN (CRACKED)	1	300	300.00
2	TO REMOVE AND REFIT FRONT BUMPER, HEAD LAMP AND RHS MIRROR COVER,	1	450	450.00
Spray Paint				
1	Spray Painting	1	350	350.00
	TO SPRAY PAINTING FRONT BUMPER. 1 front panel.			
TOTAL:				4,201.95
Total Amount				SGD 4,201.95

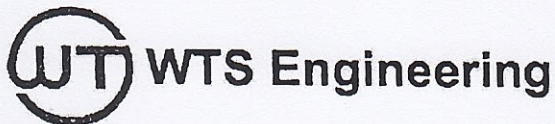
Remarks:

Signature of Workshop Dpt

Signature of Department Head

Signature of Claim Department

Surveyor Sign:	
Surveyor Name:	Tan Jiah
Date:	5/4/19 0259pm



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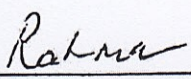
Quotation

DATE: 13/05/19 LOCATION: Gul Workshop
VEHICLE NO: XD7925E Q REF No: Q19/05/1021
DRIVER: SAMBANTHAM DHATCHINAMOORTHY DEPARTMENT: WTS Log Prime Mover
ATTENTION TO: ACCIDENT DATE: 02/04/19
PREPARED BY: Chan Soo Lye REF No: JW-0419-271

S/N	Description	Qty	Cost per Unit	Amount S\$
Spare Parts				
1	FRONT RHS HEAD LAMP	1	1002.2	1,002.20
TOTAL:				1,002.20
Total Amount				SGD 1,002.20

Remarks:
SUPPLEMENTARY QUOTATION


Signature of Workshop Dpt


Signature of Department Head

Signature of Claim Department

5204.15