

LKK

**COMFORTDELGRO ENGINEERING PTE LTD**  
**205 BRADDELL ROAD**  
**SINGAPORE 579701**

TEL: 63837466/7730/7656/7362 FAX: 62815767



ATTENTION : \_\_\_\_\_ ADDRESS : \_\_\_\_\_  
 TEL : \_\_\_\_\_  
 FAX : \_\_\_\_\_  
 VEHICLE NO : **SMG9609U** CHASSIS NO. : \_\_\_\_\_  
 MAKE / MODEL : \_\_\_\_\_ ENGINE NO : \_\_\_\_\_  
 DAYS OF REPAIR : \_\_\_\_\_ YEAR OF MANUF : \_\_\_\_\_  
 PREPARED BY / DATE : \_\_\_\_\_ SALES ORDER : \_\_\_\_\_

**CASH DAMAGED REPAIR QUOTATION**

| S/N | DESCRIPTION OF REPAIR SCOPE   | PROPOSED (S\$) |   |
|-----|---|----------------|---|
|     | REAR REVERSE SENSOR   | \$ 320.00      | X |
|     | LABOR TO INSTALL REVERSE SENSOR   | \$ 50.00       | X |
|     | TO CHECK WIRING FUNCTIONS   | \$ 50.00       | X |
|     | LABOR TO PANEL BEAT AND REPAIR REAR BUMPER  | \$ 280.00      | X |
|     | TO PUTTY AND SPRAY PAINT REAR BUMPER  | \$ 250.00      | ✓ |
|     | <p><i>Not Authored</i><br/> <i>Review After Paint</i><br/> <i>1 day</i></p>   |                |   |
|     |   |                |   |
|     |   |                |   |
|     |   |                |   |
|     |   |                |   |
|     | <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> <li>• To resurvey before/after spray painting</li> <li>• To display damaged part(s) during resurvey</li> <li>• Parts prices are subject to confirmation</li> <li>• Third party survey is on a "Without Prejudice" basis</li> <li>• No illegal modification(s) is allowed</li> <li>• Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company</li> </ul> <p>Acknowledged by Repairer<br/>           Signature: _____<br/>           Date: _____</p> |                |   |
|     |   |                |   |
|     |   |                |   |
|     |   |                |   |
|     |   |                |   |
|     | TOTAL   | \$950.00       |   |
|     | GST 7%  | \$66.50        |   |
|     | TOTAL WITH GST%   | \$1,016.50     |   |

**Note: Quotation for Cash Repairs/not for Insurance Claims (Valid for 1 month only)**

Please sign below if you agree with our quotation and fax to us @ 62815767

Signature : \_\_\_\_\_  
 Name : \_\_\_\_\_

Company Stamp : \_\_\_\_\_  
 Date : \_\_\_\_\_