

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHB 6365C

DATE 15/5/2019 9:13

MAKE :

MODEL : MERCEDES BENZ

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper			\$ 1,510.00	
	Rear Bumper Reinforcement			\$ 1,150.00	
	Rear Bumper Bracket Lower (LH/RH)		\$ 135.00	\$ 270.00	
	Rear Bumper Bracket Top (LH/RH)		\$ 125.00	\$ 250.00	
	Rear Bumper Retainer Mounting (LH/RH)		\$ 115.00	\$ 230.00	
	Rear Bumper Towing Cover			\$ 175.00	
	<i>Rear Bumper x repair</i>				
	<b>SUB TOTAL</b>			<b>\$ 3,585.00</b>	
	<b>LESS 20%</b>			<b>\$ 717.00</b>	
	<b>DISCOUNTED TOTAL</b>			<b>\$ 2,868.00</b>	
	Rear Bumper Sensor			\$ 388.00	Nett
	Rear Bumper Rubber Mat			\$ 50.00	Nett
				<b>\$ 438.00</b>	
	<b>Labour Charge</b>				
	Panel Beating			\$ 400.00	
	Spray Painting Charge			\$ 30.00	
	Wiring Charge			\$ 120.00	
	Remove/Refix Reverse Sensor				
	<b>TOTAL LABOUR</b>			<b>\$ 850.00</b>	
	<b>ESTIMATE TOTAL</b>			<b>\$ 4,156.00</b>	
<p>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.</p>					

фронт по

Our Job Ref No : 305295561  
Date : 17/05/19

## COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508969  
Fax: 6546 8156

### FINALIZATION FORM

To : LKK  
Attn : KALVIN  
Vehicle Reg No. : SHB6365C

Fax :

14/05/2019

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

Z The repair job shall bill to: FWD SGK3187J

2. The finalized amount shall be:

(a) Spare Parts after List discount

(b) Labour Charges

**Total for Part-By-Part Repair Cost**

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less:

**Final Lumpsum Repair cost**

\$2,100.00

3. Estimated normal period for repairs: 3 working days.

4. **We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days**

5. Thank you for your assistance.

We confirm the estimates and  
finalized amount

Signature : 

Name : CHIANG

Tel : 62148314

Fax : 65468156

Signature : 

Name : Kahi

Date : 21/5/19

### For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		N		
3. Survey Fees				
4. LTA Search Fee	7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

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