

# COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHC 8456E

DATE 18/6/2019 17:09

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid <i>hbl</i>			\$ 2,174.90
	Boot Lid Lock Upper <i>X su</i>			\$ 102.60
	Boot Lid Lock Lower <i>X su</i>			\$ 31.70
	Boot Lid 'H' Emblem <i>- su</i>			\$ 28.70
	Boot Lid CRDI Plate <i>- su</i>			\$ 27.90
	Bootlid Moulding <i>- ct</i>			\$ 85.00
	Bootlid i40 Emblem <i>- su</i>			\$ 27.90
	Bootlid Lower Garnish <i>X su</i>			\$ 227.90
	Rear Bumper <i>hbl</i>			\$ 553.00
	Rear Bumper Reinforcement <i>su</i>			\$ 428.40
	Rear Bumper Reinforcement Bracket (LH/RH) <i>X su</i>	\$	80.30	\$ 160.60
	Rear Bumper Clip 10 pcs <i>- su</i>			\$ 22.00
	Rear Bumper Bracket <i>X su</i>	\$	35.60	\$ 71.20
	Rear Bumper Sponge <i>X su</i>			\$ 103.50
	Rear Bumper Under Cover <i>- ct</i>			\$ 228.00
	Rear Panel <i>X su</i>			\$ 526.70
	Rear Panel Garnish <i>X su</i>			\$ 57.70
	Rear Panel Lower Panel <i>X su</i>			\$ 89.40
	<b>SUB TOTAL</b>			<b>\$ 4,947.10</b>
	<b>LESS 20%</b>			<b>\$ 989.42</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 3,957.68</b>
	Boot Lid Comfort Logo & Tel No. Sticker <i>su</i>			\$ 30.00 <b>Nett</b>
	Boot Lid Advertisement Logo <i>- su</i>			\$ 100.00 <b>Nett</b>
	Rear Bumper Reverse Sensor <i>- slat</i>			\$ 135.70 <b>Nett</b>
	Rear Bumper Rubber Mat <i>- su</i>			\$ 50.00 <b>Nett</b>
	Rear Bumper Advertisement Logo <i>- su</i>			\$ 50.00 <b>Nett</b>
	Rear Fender Advertisement Logo (LH/RH) <i>su</i>			\$ 200.00 <b>Nett</b>
				<b>\$ 565.70</b>
	<b>Labour Charge</b>			<b>6.00</b>
	Panel Beating <i>Kabi 11/15</i>			<del>\$ 800.00</del>
	Spray Painting Charge <i>19/6/19 11:15 L</i>			<del>\$ 900.00</del> <i>26</i>
	Wiring Charge <i>3 R,</i>			<del>\$ 50.00</del> <i>20</i>
	Tuff Kote <i>4s</i>			<del>\$ 50.00</del> <i>20</i>
	Remove/Refix Reverse Sensor <i>After Repair p hbl</i>			<del>\$ 80.00</del> <i>30</i>
	TOWING FEE			<del>\$ 60.00</del> <i>-</i>
	<b>TOTAL LABOUR</b>			<b>\$ 1,880.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 6,403.38</b>

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 item(s) 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

<p>1. Date: <u>17.6.19</u> Time Received: <u>1800</u></p> <p>2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis          Name of Customer: <u>Mr Seah</u>          Contact No.: <u>81828032</u>          Vehicle No.: <u>SHE 8456 E</u>          Make / Model / Colour: <u>140</u>          Email: _____</p>	<p>3. Vehicle Type:  <input type="checkbox"/> Private  <input checked="" type="checkbox"/> Taxi (CTPL/CCPL)  <input type="checkbox"/> Fleet  <input type="checkbox"/> STK (Boon Lay)</p>	<p>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</p>
<p>5. Nature of Service:  <input type="checkbox"/> Jumpstart  <input type="checkbox"/> Recovery  <input type="checkbox"/> Change Tyre / Battery</p>		<p>6. Parts Replaced/Remarks:          _____          _____</p>

<p>7. Location: <u>85 Telok Kurau</u></p> <p>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 &amp; Carriage (PD)  <input type="checkbox"/> Others: _____</p>	<p>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</p>
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<p>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</p>	<p>11. Radio / CD Player  <input type="checkbox"/> OK  <input type="checkbox"/> Faulty  <input type="checkbox"/> Not tested</p>	<p># : Cracked X : Dented          / : Scratched O : Missing</p> <p>Signature of Customer: _____</p>
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### Job Attended

<p>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</p> <p>Name of Driver: <u>Lim</u>          Vehicle No.: <u>GR5566I</u>          Time Dispatch: _____          Time of Arrival: _____          Time Completed: _____</p>	<p># : Cracked X : Dented          / : Scratched O : Missing</p> <p>Signature of Customer: _____</p>
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### 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™.

17.6.19 Date      1800 Time      \_\_\_\_\_ Signature of Customer

### 14. WORKSHOP

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