

WTS Engineering Pte Ltd

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

Company Registration Number: 200505706E

Quotation

DATE:

16/07/19

VEHICLE NO:

PA5660S

DRIVER:

MUHAMMAD RAZALI BIN ABDUL RAHIM

ATTENTION TO:

PREPARED BY: Chan Soo Lye LOCATION:

Gul Workshop

Q REF No: DEPARTMENT:

Q19/07/1042

WTS Bus Department ACCIDENT DATE: 16/07/19

REF No:

JW-0719-426

S/N	Description	Qty	Cost per Unit	A	mount S
	Spare Parts				
1	REAR BUMPER	1	1600	bt/	1,600.00
2	REAR NUMER PLATE	1	20	bt-	20.00
3	REAR NUMBER PLATE LAMP	1	64.3	ang-	64.30
4	REAR LHS TAIL LAMP	1	693.7	and	693.70
5	REAR LHS DOOR PANEL	1	3500	bt	3,500.00
6	REAR LHS DOOR INNER PANEL COVER	1	350	de-	350.00
7	REAR LHS DOOR INNER COVER	1	400	de	400.00
8	LHS REAR SIDE BODY PANEL.	1	4000	buc	4,000.00
	Labour Costs				
1	TO DISMANTLE, REMOVE AND RE-INSTALL REAR LHS BODY GLASS AND LHS SIDE PASSENGER SEATS FOR FACILITATE REPAIR REAR LHS BODY PANEL DAMAGED AREA.	1	1400	800.	1,400.00
2	TO WELDING AND CUT LHS SIDE BODY PANEL ACCIDENT AREA AND INSTALL NEW PARTS.	1	1000	700.	1,000.00
3	TO DISMANTLE AND REMOVE REAR PASSENGER SEATS AND REAR LHS DOOR AND BUMPER FOR FACILITATE REPAIR AND REPLACE DAMAGED PARTS REAR LHS DOOR, DOOR INNER PANEL AND BUMPER	1	1200	900-	1,200.00
4	TO CHECK WIRING AND REMOVE AND PLACE REAR LHS TAIL LAMP. TO CHECK TV CONDITION AND TV STAND. TO CHECK AIR CON CONDITION,	1	450	100.	450.00
5	TO CHECK ENGINE CANNOT START.	1	350	7	350.00
6	TO SPRAY PAINTING LHS BODY PANEL , REAR BUMPER AND REAR LHS DOOR PANEL AND LHS DOOR,	1	1500	1300.	1,500.00
7	SUPPLY LABOUR AND MATERIAL TO REPLACE LHS BODY STICKER, REAR LHS DOOR AND REAR BUMPER STICKER.	1	2000	1800.	2,000.00
8	TOWING SERVICE FROM T3 TO GUL CIRCLE. (NET PRICE)	1	120	1	120.00
			TOTAL:		18,648.00
			Total Amount	SGD	18,648.00

Remarks:

LKK Auto Consultants hence notify the Repairer of the following:

To resurvey before/after spray painting
To display damaged part(s) puring resume

· Parts prices are's

Signature of Workshop Det rejudice basis

No illegal modification(s) is allowed

 Supplementary (tem(s) must be resurveyed and is subject to fina: approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Surveyor Sign:

Surveyor Name:

Signature of Department Head

any

Signature of Claim Department

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