

OMFORDDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops

59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
220 Ubi Road 3 Singapore 108099
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

Date/Time: 06.12.2019 16:59 Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305359825

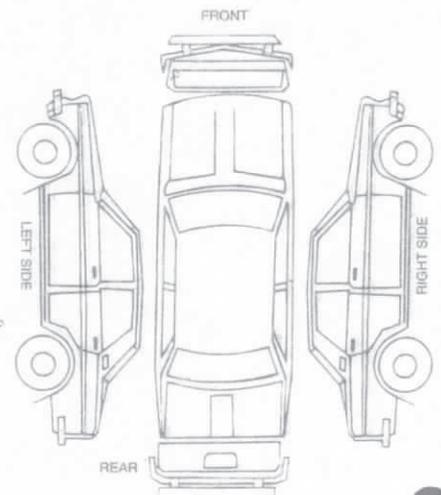
OMER	REGN NO.: SHD3114U	MILEAGE
S COMFORT TRANSPORTATION PTE LTD 7010045	MAKE: HYUNDAI	FUEL E.....1/2.....F
OMER NO. 383 SIN MING DRIVE Singapore SINGAPORE 575717	MODEL I-40	DATE/TIME IN 06.12.2019 13:40
ESS 65508755 (R) (O) (P)	YR OF MANU 16.06.2016	TARGET DATE
UNIT CARD NO.	CHASSIS CODE KMLB41UMGU091469	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 06.12.2019
NATURE: 3P 06.12.19/C

S/NO LABOR CODE DESCRIPTION

10819330



RECEIVED & PASSED OUT BY: _____

SERVICE ADVISOR _____

CUSTOMER'S SIGNATURE _____

Assessment Slip
No.: SHD3114U LIMTS

Exit Pass
Vehicle No.: SHD3114U

Our Job Ref No : 305359825

Date : 11/12/19

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

FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

Vehicle Reg No. : SHD3114U

Date of Accident : 06-Dec-19

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

1. The repair job shall bill to: CHINA TAIPING --- GZ2113A

2. The finalized amount shall be:

(a) Spare Parts after List discount *After* _____

(b) Labour Charges _____

Total for Part-By-Part Repair Cost _____

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20% \$900.00

Final Lumpsum Repair cost \$900.00

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 : *LIM T S*

Signature *[Signature]*

Name : LIM T S

Name RAM

Tel : 62148398

Date : *Ram*

Fax : 65468156

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		NO		
3. Survey Fees	-----			
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:
