TO :

FAX NO:

ESTIMATE REPORT 1ST Quotation

02/03/2020 10:40

JOB-NO: 50112486

OWNER'S PARTICULARS

NAME: CityCab PTE LTD (Fleet) CONTACT: 65533880
64739522

ADDRESS: 383 SIN MING DRIVE
SINGAPORE 575717 0

VEHICLE DETAILS

LICENSE NO: SHC7228D TRANS: AUTO CHASSIS: KMHLB41UMGU092623

MAKE / MODEL: HYUNDAI / i40 ENGINE: D4FDGU662603

OWNER'S INSURER: MS First Capital Insurance Limited

JOB-CODE: TP SA: Ding Auto User 2

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
LABOUR							
1 STRAIGHTEN AND PANEL BEAT ON ACCIDENT AREAS	1.00	800.00	0.00	800.00		Y	400
2 RESPRAY FRONT RHS DOOR	1.00	250.00	0.00	250.00		Y	200
3 RESPRAY REAR RHS DOOR	1.00	250.00	0.00	250.00		Y	200
4 R&R FRONT AND REAR DOOR COMPONENTS	1.00	150.00	0.00	150.00		Y	60
5 RUST PROOFING	1.00	100.00	0.00	100.00		NN Y	X
TOTAL:		1,550.00	0.00	1,550.00			860
MATERIALS							
1 FRONT RHS DOOR } x Repair.	1.00	2,256.83	451.37	1,805.46	L	Y	X
2 REAR RHS DOOR	1.00	2,201.30	440.26	1,761.04	L	Y	X
3 REAR RHS DOOR STICKER-COMFORT DELGRO,BOOK NOW,GOOGLE PLAY,APP STORE } MC	1.00	150.00	0.00	150.00	S	Y	80
4 FRONT RHS DOOR STICKER-COMFORT DELGRO	1.00	150.00	0.00	150.00	S	Y	75
5 FRONT AND REAR RHS DOOR CLIPS × NN	1.00	60.00	0.00	60.00	S	Y	X
TOTAL:		4,818.13	891.63	3,926.50			155
TOTAL PARTS & LABOUR :		6,368.13	891.63	5,476.50			1015

EXCESS/LOADING:S$ 0.00

No. Of Day: 4

RE-SURVEY: BEFORE/AFTER PAINTING

PART-BY-PART OR LUMP SUM: S$ P/P. / After repair photos.

DATE OF SURVEY: 02 / 03 / 2020

SURVEYED BY: Guo Qiang GuoQiang@lkkauto.com

CONTACT NO: 82880282 FAX NO:

NOTE: LUMP SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED

DAuto002

Ding Auto User 2

ESTIMATOR

STA AUTOCENTRE

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:

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE

TEL: FAX: