



**Scope Of Work**  
**Home Team Agency**

**SCOPE OF WORK**

**1 To provide labour, materials, transportation, tools and parts and others deemed necessary to carry out the following repairs:**

|                 |                    |              |          |        |     |               |                      |
|-----------------|--------------------|--------------|----------|--------|-----|---------------|----------------------|
| CONTRACTOR :    | SMRT               | VEH TYPE :   | UNMARKED | UNIT : | CNB | Reference No. | 1121/CNB/4W/19/03/01 |
| VEH NO :        | QX1121A / SLA2065C | REPAIR TYPE: | ACCIDENT |        |     |               |                      |
| VEH MAKE/MODEL: | CHEVROLET CRUZ     | ODOMETER :   | 20089    |        |     |               |                      |
|                 |                    |              |          |        |     | iLMS No.      | NA                   |

| S/N             | PARTS DESCRIPTION          | PART COST (\$) | QTY | Mark Up Rate | Parts Cost Per Unit After Mark Up (\$) | Total Parts Cost Per Unit After Mark Up (\$) |
|-----------------|----------------------------|----------------|-----|--------------|--|--|
| <b>1</b>        | <b>Scope Of Repairs</b>    |                |     |              |  |  |
| 1.1             | NA                         | \$0.00         | 0   | 0%           | 0.00                                   | 0.00   |
| <b>2</b>        | <b>Additional Services</b> |                |     |              |  |  |
| 2.1             | NA                         | \$0.00         | 0   | 0%           | 0.00                                   | 0.00   |
| <b>Remarks:</b> |                            |                |     |              |  | <b>Parts Total:</b> \$ -                     |

| S/N  | LABOUR DESCRIPTION   | Man-Hour Rate (\$) | Man-Hour Qty                             | Total Man-Hour Cost (\$) |
|--|--|--------------------|--|--------------------------|
| <b>1</b>   | <b>Scope Of Repairs</b>  |                    |  |                          |
| 1.1  | <b>Rear RH Passenger Door:</b>   | <b>68.00</b>       | 4  | 272.00                   |
|  | Remove & Re-Install back Rear RH Passenger Door to facilitate repair works |                    |  |                          |
|  | Panel Beating for Rear RH Passenger Door                                   |                    |  |                          |
|  | Putty & Spray Paint for Rear RH Passenger Door                             |                    |  |                          |
| <b>SUB-TOTAL</b>   |  |                    | <b>4</b>                                 | <b>272.00</b>            |
| <b>2</b>   | <b>Additional Services</b>   |                    |  |                          |
| 2.1  | Towing Service From Station to Workshop (SOR 10)                           | <b>176.80</b>      | 1  | 176.80                   |
| 2.2  | Return Service From Workshop to Station (SOR 9)                            | <b>61.20</b>       | 1  | 61.20                    |
| <b>SUB-TOTAL</b>   |  |                    | <b>2</b>                                 | <b>238.00</b>            |
|  |  |                    | <b>Labour Total:</b>                     | <b>\$ 510.00</b>         |
|  |  |                    | <b>GRAND TOTAL :</b>                     | <b>\$ 510.00</b>         |
|  |  |                    | <b>Total sum billed under SOR only :</b> | <b>\$ 238.00</b>         |
|  |  |                    | <b>Total sum billed under CVR only :</b> | <b>\$ 272.00</b>         |
| <b>Contractor shall complete the entire repair within <u>4</u> working days upon approval date .</b> |  |                    |  |                          |

| Verification of Scope of Work   |              |   |  |                                    |  |
|---|--------------|---|--|------------------------------------|--|
| Contractor QC   |              | Vetted By:  |  | Approved By:                       |  |
| Name:   | KONG SEW KUI | Name:   |  | Name:                              |  |
| Date:   | 26.04.2019   | Date:   |  | Date:                              |  |
| Sign:   |              | Sign:   |  | Sign:                              |  |
| Verification of Completed Repairs   |              |   |  |                                    |  |
| Contractor QC   |              | Home Team QC / Fleet Manager / Appointed Surveyor |  | Home Team Contract / Fleet Manager |  |
| Name:   |              | Name:   |  | Name:                              |  |
| Date:   |              | Date:   |  | Date:                              |  |
| Sign:   |              | Sign:   |  | Sign:                              |  |
| All completed repairs must be verified by Home Team Contract Manager / Fleet Manager before payment can be made |              |   |  |                                    |  |