

TO :

ESTIMATE REPORT 1ST Quotation

FAX NO:

25/08/2020 11:28

JOB-NO: 50112758

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OWNER'S PARTICULARS

NAME: CityCab PTE LTD (Fleet)

CONTACT: 65533880

ADDRESS: 383 SIN MING DRIVE
SINGAPORE 57517 0

64739522

VEHICLE DETAILS

LICENSE NO: SHB3670R

TRANS: AUTO

CHASSIS: JTDKB3FU503562781

MAKE / MODEL: TOYOTA / Prius Hybrid 1.8 CVT

ENGINE: 2ZRS059719

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	200
2 RESPRAY REAR BUMPER	1.00	250.00	0.00	250.00	400	Y	200
3 RESPRAY REAR BUMPER DIFFUSER	1.00	250.00	0.00	250.00		Y	XAN
4 RESPRAY REVERSE SENSOR SET	1.00	150.00	0.00	150.00		Y	XAN
5 R&R REVERSE SENSOR AND CHECK WIRING CONNECTION	1.00	100.00	0.00	100.00		Y	XAN
TOTAL:		1,550.00	0.00	1,550.00			
MATERIALS							
1 REAR BUMPER repair	1.00	466.50	116.63	349.87	L	Y	
2 REAR BUMPER TOW CAP	1.00	29.58 23.49	5.88	17.62	L	Y	
3 REAR BUMPER DIFFUSER	1.00	582.30	145.58	436.72	L	Y	
4 REAR BUMPER CLIPS	1.00	45.00	0.00	45.00	S	Y	
5 REAR BUMPER PROTECTOR PAD	1.00	120.00	0.00	120.00	S	Y	
6 REVERSE SENSOR SET	1.00	240.00	0.00	240.00	S	Y	
TOTAL:		1,477.30	268.09	1,209.21			
TOTAL PARTS & LABOUR:		3,027.30	268.09	2,759.21			

EXCESS/LOADING: \$ 0.00

No. Of Day:

2 days

RE-SURVEY: BEFORE/ AFTER PAINTING

PART-BY-PART OR LUMP SUM \$ 9/P

DATE OF SURVEY: 26 / 08 / 2020 0920

SURVEYED BY:

Rajul

CONTACT NO:

90010568

FAX NO:

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

DAuto002

Ding Auto User 2

ESTIMATOR

STA AUTOCENTRE

TEL:

FAX:

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

Signature:

Date: