| COMFORTDELGRO |
|---------------|
| |

| Our Job Ref No | : | 305451670 | | |
|----------------|---|-----------|--|--|
| Date | | 05/02/21 | | |

ENGINEERING ***

ComfortDelGro Engineering Pte Ltd 59 Loyang Drive Singapore 508969

| Date | · | 05/02/21 | |
|------------|---------|----------|--|
| FINALIZATI | ON FORM | | |

| FINA | LIZAT | ION FORM | | Fax: 6546 8156 | | |
|---------------|--------------------|---------------------------------|------------------|--------------------------|------------|--|
| Го | : , | LKK | | Fax : | | |
| Attn | | TAUFIKH | | | | |
| /e hic | de Re | g No. : SHB2382D | | Date of Accident : | 01/02/21 | |
| The s | survey | and estimates of the repairs of | of the above-men | tioned vehicle are as fo | ollows:- | |
| ۱. | The | repair job shall bill to: | NTUC | | SJU7598S | |
| 2. | The | finalized amount shall be: | | | | |
| | (a) | Spare Parts after List discou | ınt | | | |
| | (b) Labour Charges | | | | | |
| | | Total for Part-By-Part Repa | air Cost | | | |
| | (c.) | Lumpsum Repair (if applicat | ole) | | | |
| | . , | Total for Lumpsum repair co | • | 0% | \$3,350.00 | |
| | | Final Lumpsum Repair cos | st | | \$3,350.00 | |

| 3. | Estimated normal period for repairs: | 2 | working days. |
|------------|--|---|---------------|
| O . | Edilitated Herrial period for repairs. | _ | Working dayo. |

- 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 :

Signature :

Name LIMTS Name

Tel 62148398 : 65468156 Fax

23/2/21 Date

For Official Use Only

| ltem | Amount | Document Attached Yes or No | Confirm By (Signature) | Remarks |
|---|-------------------------------|-----------------------------------|---------------------------|---------|
| Rental Rate P/Day | | YES | | |
| 2. Loss of Income Paid | Name : | N | | |
| 3. Survey Fees | 2 Market Salaka Market Salaka | | | |
| 4. LTA Search Fee | \$7.49 /\$2.00 | | | |
| Medical Fees (on behalf of driver, if applicable) | | | = | |
| 6 Overrun | | | | |

| Remarks | ¥6 | | | | |
|---------|----|--|--|--|--|
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