



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

PHOTOGRAPHS FOR VEHICLE NO. SLX 1888E

INSPECTION





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ComfortDelGro Engineering Pte Ltd
Corporate Office
205 Braddell Road Singapore 579701
Mainline +65 6383 6280
Facsimile +65 6280 9755
www.cdge.com.sg

SPARK Car Care™
205 Braddell Road Singapore 579701
59 Loyang Drive Singapore 508969
45 Pandan Road Singapore 609286
24 Senoko Loop Singapore 758156
383 Sin Ming Drive Singapore 575717
7 Sungei Kadut Way Singapore 728731
320 Ubi Road 3 Singapore 408649
www.sparkcarcare.com

Tel 6383 8119
Tel 6214 8300
Tel 6338 6778
Tel 6257 8760
Tel 6553 0400
Tel 6369 7369
Tel 6848 5721

CRASH REPAIR WORK ORDER No.: CR-A 04151
(For Private Car Crash Repair Use Only)

I, EIC, NRIC: 9512131, hereby authorised ComfortDelGro Engineering Pte Ltd to repair my vehicle bearing registration number SLX1878E. I am aware that the repair (except Cash Job and Windscreen repair) shall be carried out as per the Job Scope approved by an Independent Surveyor or the Surveyor appointed by my insurance company. The repair can be under "lump sum" or "part-by-part" as approved by the Surveyor. I further instruct ComfortDelGro Engineering Pte Ltd, CDGE, to select the appropriate box).

☐ To submit the claim under my own Insurance Policy No.: _____ in respect of repairs, loss of use and all other costs and expense suffered by me arising from this accident.

☐ To submit the claims against Third Party's Insurance Company in respect of repairs, loss of use and all other costs and expense suffered by me arising from this accident.

☐ To do Cash Job and not to submit any claims. I shall settle payment after repair.

☐ I agree to allow my damaged Windscreen and claims against my own Policy.

I agree that should there be any delay in the repairs of my vehicle due to non-availability of spare parts, CDGE will not be responsible for the delay. However, CDGE shall indent the spare parts from the original overseas source subject to availability.

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☐ To submit the claim under my own Insurance Policy No.: _____ in respect of repairs, loss of use and all other costs and expense suffered by me arising from this accident.

By Customer Care Specialist (CCS) - Vehicle Take-in Quality Checklist

Reference No.: _____

Damage: Minor / Moderate / Serious / Severely Damaged

Yes / No

Time In: _____

E ☐ ☐ ☐ ☐ F

Following VISUAL/FUNCTIONAL CHECK on the vehicle in the presence of _____

_____ is removed

Video system functioning normal

Coupons are removed

_____ (if any) are present

Location of Damage



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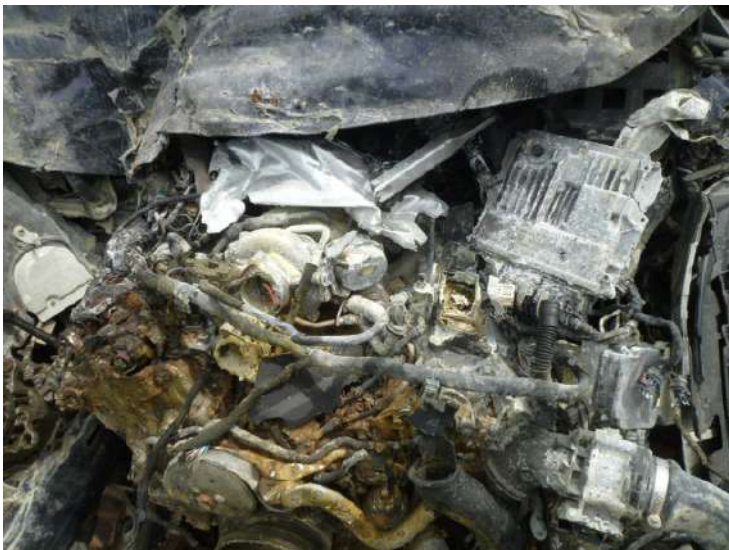


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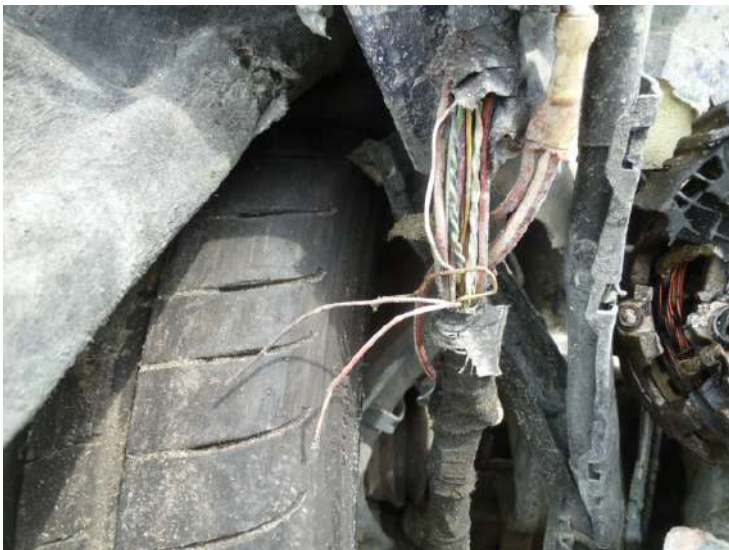


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