

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SH6959C

Make : HYUNDAI

Model : IONIQ(G3)

Date: 11/10/21

Insurance: AIG

MVA: MS. LOKE YY

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	REAR BUMPER COVER			carp \$459.40
10	REAR BUMPER CLIPS			ner \$22.00
1	REAR BUMPER CENTRE MOULDING ASSY			del \$451.25
1	REAR BUMPER REINFORCEMENT			\$394.80
1	REAR BUMPER REINFORCEMENT BRACKET LH			\$138.10
1	REAR BUMPER TOWING COVER			ant \$98.80
1	REAR BUMPER REFLECTOR LAMP LH			cut \$41.45
1	ANTENNA ASSY SMARTKEY			\$40.50
1	REAR PANEL			RY \$532.00
1	REAR PANEL GARNISH			X \$346.80
1	BOOTLID LAMP LH			carp \$794.40
1	BOOTLID			bt \$2,480.40
1	BOOTLID HYUNDAI PLATE			ner \$24.30
1	EMBLEM HYBRID			ner \$24.30
1	EMBLEM - IONIQ			ner \$31.30
1	BOOT LID GLASS LOWER			bno \$584.90
1	BOOT LID GLASS LOWER MOULDING			ner \$145.20
1	REAR SPOILER			carp \$665.40
1	TAIL LAMP LH			\$870.40
1	BOOTLID LAMP LH			carp \$794.40
1	Bootlid Trimboard			? \$259.70
	SUB TOTAL			\$8,940.10
	LESS 20%			\$1,788.02
	DISCOUNTED TOTAL			\$7,152.08
1	REAR BUMPER RUBBER MAT			ner \$50.00
1	BOOTLID COMFORT TEL NO STICKER			ner \$35.00
1	BOOTLID COMFORT LOGO STICKER			ner \$30.00
1	BOOTLID COMFORT APP STICKER			ner \$30.00
1	REAR BUMPER REVERSE SENSOR			ner \$180.00
				\$325.00
	Labour Charge			
	PANEL BEATING			750 \$1,100.00
	SPRAY PAINTING CHARGE			500 \$750.00
	CHK ALL LIGHTING			30 \$60.00
	TUFF KOTE			30 \$60.00
	REMOVE/REFIX REVERSE SENSOR			30 \$80.00
	TOWING FEE			2 \$60.00
	TOTAL LABOUR			\$2,110.00
	ESTIMATE TOTAL			\$9,587.08

Qty	Parts Description / Labour	Type	Unit Price	Amount

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

Tanpin 97495749
 in P 11/10/21 @ 1700
 p/p Noisy after repair
 2 days
 Tanpin C. Luk auto

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:

am: ARC Repair TP(CLS0)1

JOB CARD Sales Order: 4128225

JC NO305490252

OMER

IS COMFORT TRANSPORTATION PTE LTD

OMER NO. 7010045

RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R) 65508755

(O)

(P)

OUNT CARD NO.

REGN NO:

SH 6959C

MILEAGE

MAKE:

HYUNDAI

FUEL

E.....1/2.....F

MODEL

IONIQ(G3)

09.10.2021 20:00

YR OF MANU.

28.09.2021

TARGET DATE

CHASSIS CODE

KMHC851CVLU194735

COMPLETION DATE/TIME:

JOB DESCRIPTION

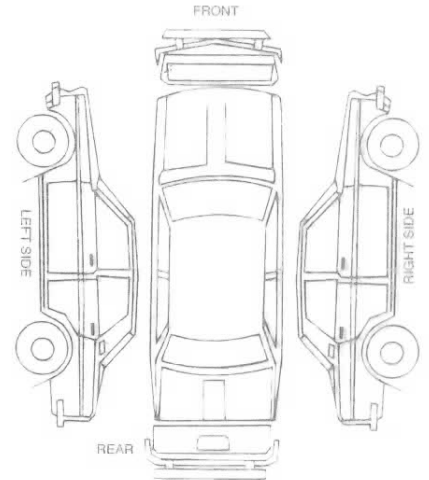
Accident Date: 09.10.2021

ATURE: 3P 09.10.2021

NO

LABOR CODE

DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

No.: SH 6959C

YY

Vehicle No.:

SH 6959C

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard



JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: <u>9/10/21</u> Time Received: <u>2105</u>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	4. Type of Towing: <input type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input checked="" type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : <u>JIM</u> Contact No. : <u>97917189</u> Vehicle No. : <u>SH6959C</u> Make / Model / Colour : <u>H/I</u> Email :		5. Nature of Service: <input type="checkbox"/> Jumpstart <input checked="" type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	6. Parts Replaced/Remarks:

7. Location: <u>185 BUKIT BATOK WEST</u>		8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <u>Return Taxi</u>	
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____			

10. Odometer Reading : _____	11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested
Fuel Level : <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E	

Job Attended

12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input type="checkbox"/> QA <input checked="" type="checkbox"/> GAO <input type="checkbox"/> OTHERS		 # : Cracked X : Dented / : Scratched O : Missing
Name of Driver : <u>SENG</u>		
Vehicle No. : <u>12 D325</u>		
Time Dispatch : <u>2105</u>		
Time of Arrival : <u>2205</u>		
Time Completed : <u>2305</u>		Signature of Customer

Cash Invoice Details (if applicable)

13. Cash Invoice No. :	
------------------------	--

Customer Acknowledgement

- a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
- b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
- c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

Date	Time	Signature of Customer
------	------	-----------------------

14. WORKSHOP

Name of Attending Staff/Guard	Date & Time of Arrival	Signature of Attending Staff/Guard
-------------------------------	------------------------	------------------------------------

CUSTOMER'S COPY