

Our Job Ref No : **305498349**  
Date : **28/12/21**

# COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508969  
Fax: 6546 8156

## FINALIZATION FORM

To : **LKK**

Fax :

Attn : **TAUFIKH**

Vehicle Reg No. : **SHA9430H**

**19.12.2021**

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

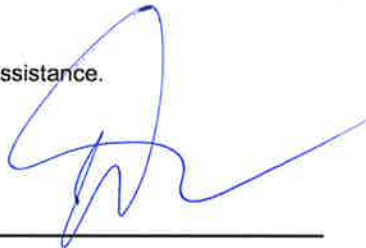
- Z The repair job shall bill to: **AIG** **SLL2661Z**
2. The finalized amount shall be:
- |                                           |                   |
|-------------------------------------------|-------------------|
| (a) Spare Parts after List discount       | <b>\$4,527.68</b> |
| (b) Labour Charges                        | <b>\$1,550.00</b> |
| <b>Total for Part-By-Part Repair Cost</b> | <b>\$6,077.68</b> |
| (c.) Lumpsum Repair (if applicable)       |                   |
| Total for Lumpsum repair cost after Less: |                   |
| <b>Final Lumpsum Repair cost</b>          |                   |

3. Estimated normal period for repairs: **3** working days.

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 : 

Name : **CHIANG**

Tel : **62148314**

Fax : **65468156**

Signature : 

Name : **Taufikh**

Date : **18/01/22**

### For Official Use Only

| Item                                                 | Amount        | Document Attached Yes or No | Confirm By (Signature) | Remarks |
|------------------------------------------------------|---------------|-----------------------------|------------------------|---------|
| 1. Rental Rate P/Day                                 |               | YES                         |                        |         |
| 2. Loss of Income Paid                               | -             | N                           |                        |         |
| 3. Survey Fees                                       |               |                             |                        |         |
| 4. LTA Search Fee                                    | \$7.49/\$2.00 |                             |                        |         |
| 5. Medical Fees (on behalf of driver, if applicable) |               |                             |                        |         |
| 6 Overrun                                            |               |                             |                        |         |

Remarks:

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
 CUSTOMER: 7010070  
 ADDRESS : CITYCAB PTE LTD  
 383 SIN MING DRIVE  
 SINGAPORE SINGAPORE 575717  
 65551188

JOB NO : 305498349  
 REGN NO : SHA9430H  
 MILEAGE : 0000000000  
 MAKE : HYUNDAI  
 MODEL : IONIQ(G2)  
 DATE OF REGN : 02.07.2019  
 DATE/TIME IN : 18.12.2021 10:4  
 ACCIDENT DATE : 09.12.2021

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

|                        |                           |   |          |       |          |
|------------------------|---------------------------|---|----------|-------|----------|
| 0014 04-01-0104-2370-G | LAMP ASSY-REAR FOG        | 1 | 201.00   | 20.00 | 160.80   |
| 0015 04-01-0104-2226-G | LAMP ASSY-LICENSE PLATE   | 1 | 85.30    | 20.00 | 68.24    |
| 0016 09-01-9999-0068-A | REVERSE SENSOR ASSY*      | 1 | 180.00   | 2.00- | 180.00   |
| 0017 28-01-0104-2029-A | VEHICLE NUMBER PLATE REAR | 1 | 55.00    | 0.20  | 55.00    |
| 0018 04-01-0104-2256-G | PANEL ASSY-TAIL GATE#     | 1 | 2,480.40 | 20.00 | 1,984.32 |
| 0019 09-01-0104-2133-G | ANTENNA ASSY-SMARTKEY     | 1 | 40.50    | 20.00 | 32.40    |

SUB-TOTAL : 4,527.68

## JOB NATURE

|            |                        |        |
|------------|------------------------|--------|
| 0000 PB    | PANEL BEATING SHA9430H | 700.00 |
| 0001 SP    | SPRAYPAINT CHARGE      | 700.00 |
| 0002 17-01 | CHECK ALL LIGHTING     | 30.00  |

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65551188

JOB NO : 305498349  
REGN NO : SHA9430H  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : IONIQ(G2)  
DATE OF REGN : 02.07.2019  
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## JOB / PARTS DESCRIPTION

## QTY IND UNIT-PRICE DISC% AMOUNT

|            |                              |       |
|------------|------------------------------|-------|
| 0003 20-00 | TUFF COAT ON AFFECTED PARTS. | 30.00 |
| 0004 20-05 | REMOVE /RFX REVERSE SENSOR-  | 30.00 |
| 0005 23-01 | TOWING FEE                   | 60.00 |

SUB-TOTAL : 1,550.00

TOTAL : 6,077.68

  
MVA NAME & SIGNATURE  
DATE :

\_\_\_\_\_  
SURVEYOR NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO



## JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

### Job Requisition

|                                                                                                                                                                                                                                           |  |                                                                                                                                                                                           |                                                                                                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Date: <u>15/12/2021</u> Time Received: <u>1345</u>                                                                                                                                                                                     |  | 3. Vehicle Type:<br><input type="checkbox"/> Private<br><input checked="" type="checkbox"/> Taxi (CTPL/CCPL)<br><input type="checkbox"/> Fleet<br><input type="checkbox"/> STK (Boon Lay) | 4. Type of Towing:<br><input type="checkbox"/> Normal Tow<br><input checked="" type="checkbox"/> King Dolly<br><input type="checkbox"/> Flat Bed<br><input type="checkbox"/> Crane-up<br><u>No Key</u> |
| 2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis<br>Name of Customer : <u>MS. Xiao Yan</u><br>Contact No. : <u>62148404</u><br>Vehicle No. : <u>SHA9430H</u><br>Make / Model / Colour : <u>IONIQ</u><br>Email : _____ |  | 5. Nature of Service:<br><input type="checkbox"/> Jumpstart<br><input type="checkbox"/> Recovery<br><input type="checkbox"/> Change Tyre / Battery                                        | 6. Parts Replaced/Remarks:<br>_____<br>_____<br>_____                                                                                                                                                  |

|                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7. Location: <u>517, Airport Rd</u>                                                                                                                                                                                                                                                                                                                                                         | 8. Vehicle Tow - In Workshop:<br><input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed<br><input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty<br><input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty<br><input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power<br><input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled<br><input type="checkbox"/> Return Taxi |
| 9. Preferred Workshop:<br><input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan<br><input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi<br><input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD)<br><input type="checkbox"/> Others: _____ |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

|                                                                                                                                          |     |     |     |     |   |                                                                                                                                |                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|---|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 10. Odometer Reading : _____<br>Fuel Level : <table border="1"><tr><td>F</td><td>1/4</td><td>1/2</td><td>3/4</td><td>E</td></tr></table> | F   | 1/4 | 1/2 | 3/4 | E | 11. Radio / CD Player<br><input type="checkbox"/> OK<br><input type="checkbox"/> Faulty<br><input type="checkbox"/> Not tested | <br>#: Cracked X: Dented<br>/: Scatched O: Missing<br>Signature of Customer _____ |
| F                                                                                                                                        | 1/4 | 1/2 | 3/4 | 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<br>Name of Driver : <u>HRi</u><br>Vehicle No. : <u>YK3697R</u><br>Time Dispatch : <u>1415</u> <u>1345</u><br>Time of Arrival : <u>1415</u><br>Time Completed : <u>1500</u> |  |

|                                      |  |
|--------------------------------------|--|
| Cash Invoice Details (if applicable) |  |
| 3. Cash Invoice No. : _____          |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Customer Acknowledgement                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <p>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.</p> <p>I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.</p> <p>Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.</p> |  |

|                   |             |                             |
|-------------------|-------------|-----------------------------|
| <u>15/12/2021</u> | <u>1500</u> | Signature of Customer _____ |
| Date              | Time        |                             |

|                                     |                              |                                          |
|-------------------------------------|------------------------------|------------------------------------------|
| 4. WORKSHOP                         |                              |                                          |
| Name of Attending Staff/Guard _____ | Date & Time of Arrival _____ | Signature of Attending Staff/Guard _____ |

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
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 ADDRESS : CITYCAB PTE LTD  
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 ACCIDENT DATE : 09.12.2021

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

|                        |                           |    |        |       |        |
|------------------------|---------------------------|----|--------|-------|--------|
| 0001 04-01-0104-2282-G | COVER-RR BUMPER#          | 1  | 459.40 | 20.00 | 367.52 |
| 0002 04-01-0104-2533-G | MOULDING ASSY-RR BUMPER C | 1  | 451.25 | 20.00 | 361.00 |
| 0003 04-01-0104-2288-G | BEAM-RR BUMPER            | 1  | 394.80 | 20.00 | 315.84 |
| 0004 04-01-0104-3919-G | STAY-RR BUMPER RH         | 1  | 138.10 | 20.00 | 110.48 |
| 0005 04-01-0104-2545-G | MOULDING-REAR BUMPER LWR  | 1  | 155.00 | 20.00 | 124.00 |
| 0006 04-01-0104-2540-G | COVER-RR BPR UNDER CTR    | 1  | 225.00 | 20.00 | 180.00 |
| 0007 04-01-0101-0111-G | BUMPER COVER CLIP REAR    | 10 | 22.00  | 20.00 | 17.60  |
| 0008 04-01-0104-2270-G | EMBLEM-HYBRID             | 1  | 24.30  | 20.00 | 19.44  |
| 0009 04-01-0104-2271-G | EMBLEM-IONIQ              | 1  | 31.80  | 20.00 | 25.44  |
| 0010 28-01-0103-0009-A | REAR BOOT LOGO CCTPL      | 1  | 30.00  | 2.00- | 30.00  |
| 0011 28-01-0103-0010-A | REAR BOOT TEL NUMBER CCTP | 1  | 30.00  | 0.20  | 30.00  |
| 0012 28-01-9999-2026-A | APP LOGO REAR BONNET CCPL | 1  | 40.00  | 0.02- | 40.00  |
| 0013 04-01-0104-2346-G | PANEL ASSY-BACK           | 1  | 532.00 | 20.00 | 425.60 |