

Our Job Ref No : 305500041

Date : 07/01/22

COMFORTDELGRO
ENGINEERING

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

FINALIZATION FORM

To : LKK

Fax :

Attn : TAUFIKH

Vehicle Reg No. : SHC8494U

01/01/22

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

Z The repair job shall bill to: AIG SMP5153X

2. The finalized amount shall be:

(a) Spare Parts after List discount \$613.60

(b) Labour Charges \$720.00

Total for Part-By-Part Repair Cost \$1,333.60

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less:

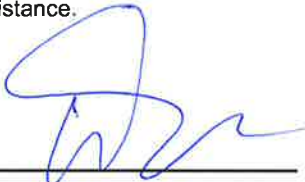
Final Lumpsum Repair cost

3. Estimated normal period for repairs: 2 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 : 28/2/22

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: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305500041
REGN NO : SHC8494U
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G3)
DATE OF REGN : 22.10.2019
DATE/TIME IN : 01.01.2022 19:55
ACCIDENT DATE : 01.01.2022

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2533-G	MOULDING ASSY-RR BUMPER C	1	451.25	20.00	361.00
0002 04-01-0101-0111-G	BUMPER COVER CLIP REAR	10 L	22.00	20.00	17.60
0003 28-01-0104-2029-A	VEHICLE NUMBER PLATE REAR	1	55.00	2.00-	55.00
0004 09-01-9999-0068-A	REVERSE SENSOR ASSY*	1	180.00	0.20	180.00

SUB-TOTAL : 613.60

JOB NATURE

0000 PB	PANEL BEATING SHC8494U	350.00
0001 SP	SPRAYPAINT CHARGE	250.00
0002 17-01	CHECK ALL LIGHTING	30.00
0003 20-22	REMOVE/REFIX REVERSE SENSOR	30.00
0004 23-01	TOWING FEE	60.00

SUB-TOTAL : 720.00

Total: \$1333.60

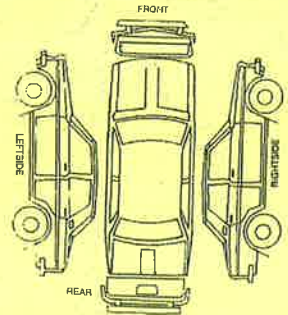
JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: <u>1/1</u> Time Received: <u>1957</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 checked="" type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up	
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : <u>hoke</u> Contact No. : <u>81395340</u> Vehicle No. : <u>S14 C 8094U</u> Make / Model / Colour : Email :		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery		6. Parts Replaced/Remarks:	
7. Location: <u>154 Meiling St</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 <input type="checkbox"/> Return Taxi			
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 : _____ 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 <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested	
F	1/4	1/2	3/4	E				

Job Attended

12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input checked="" type="checkbox"/> QA <input type="checkbox"/> GAO <input type="checkbox"/> OTHERS Name of Driver : <u>Dani</u> Vehicle No. : <u>601001</u> Time Dispatch : <u>1957</u> Time of Arrival : <u>2050</u> Time Completed : <u>2435</u>		 # : Cracked X : Dented / : Scatched O : Missing Signature of Customer: <u>[Signature]</u>	
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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
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14. WORKSHOP

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