

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Effective Date 1 Nov 2020

DATE: 06.05.2022 (Fri)

MODEL: Hyundai Ioniq

VEHICLE NO.: SHA7899C

INSURANCE: AXA

MVA: LIM T S

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Rear Bumper	1		\$ 459.40
	Rear Bumper Reinforcement	1		\$ 394.80
	Rear Bumper Reinforcement Bracket LH/RH	2	\$ 138.10	\$ 276.20
	Rear Bumper Centre Moulding	1		\$ 451.25
	Rear Bumper Lower Centre Moulding	1		\$ 155.00
	Rear Bumper Cover Clips	10	\$ 2.20	\$ 22.00
	Rear Bumper Tow Cover	1		\$ 98.80
	Rear Bumper Reflector LH	1		\$ 41.45
	Rear Foglamp	1		\$ 201.50
	SUB TOTAL			\$ 2,100.40
	LESS 20%			\$ 420.08
	DISCOUNTED TOTAL			\$ 1,680.32
	Rear Bumper Mat	1		\$ 50.00
	Reverse Sensors	1		\$ 180.00
	Rear No. Plate With Trim Cover	1		\$ 55.00
	Rear Fender Adv. Sticker RH/LH	2	\$ 100.00	\$ 200.00
	NETT TOTAL			\$ 485.00
	SPARE PARTS TOTAL			\$ 2,165.32
	Labour Charge			
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 300.00
	Remove/Refix Reverse Sensor			\$ 120.00
	TOTAL LABOUR			\$ 820.00
	ESTIMATE TOTAL			\$ 2,985.32

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.

Thavan
82235769
6/5/22 1615
P/P 2 days swp

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:

1 27004183/04C

COMFORTTELORO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 11.05.2022
Time: 09:02:02
Page: 1

COMPANY: THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS: COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305515004
REGN NO : SHA7899C
MILEAGE : 000000000
MAKE : HYUNDAI
MODEL : IONIQ(G3)
DATE OF REGN : 30.09.2020
DATE/TIME IN : 06.05.2022 10:25
ACCIDENT DATE : 05.05.2022

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 28-01-0104-2029-A	REAR NO PLATE W/TRIM CVR	I	55.00	55.00
0002 04-01-0104-2282-G	REAR BUMPER	I	459.40 20.00	367.52
0003 04-01-0104-2533-G	REAR BUMPER CTR MOULDING	I	451.25 20.00	361.00
0004 04-01-0101-0111-G	REAR BUMPER CLIPS	10 L	22.00 20.00	17.60
0005 04-01-0104-1150-A	FRONT BUMPER MAT	I	50.00	50.00
0006 04-01-0104-2544-G	REAR BUMPER TOW CVR	I	98.80 20.00	79.04
0007 09-01-9999-0068-A	REVERSE SENSORS	I	180.00	180.00

SUB-TOTAL : 1,110.16

JOB NATURE

0000 PB	PANEL BEATING-SHA7899C-TP	350.00
0001 SP	SPRAYPAINT CHARGE	250.00
0002 L	R/L REVERSE SENSORS	30.00
0003 20-05	Rear Fender Adv.Sticker RH/LH	200.00

REF: CS/7MI 22004183/04C

ASSIGNMENT

7/11/2022

COMFORTDELGRO ENGINEERING PTE LTD
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JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

SUB-TOTAL : 830.00

TOTAL : 1,940.16


MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO

Our Job Ref No : 305515004
Date : 11.05.2022

**COMFORTDELGRO
ENGINEERING**

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

FINALIZATION FORM

To : LKK
Attn : THEVAN
Vehicle Reg No : SHA7899C

Fax :

Date of Accident : 05.05.2022

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

1. The repair job shall bill to: AXA --- YP4023C
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$1,110.16
 - (b) Labour Charges (Include advertisement stickers etc,if any) \$830.00
 - Total for Part-By-Part Repair Cost \$1,940.16**
 - (c) Lumpsum Repair (if applicable)
 - Total for Lumpsum repair cost after Less: 20%
 - 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 : LMT S
Tel : 62148398
Fax : 65468156

Signature : 
Name : THEVAN
Date : 11/8/22

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	Y		
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:
