## COMFORTDELGRO ENGINEERING

Our Job Ref No ;

305519089

| FINALIZAT | ION | FΟ | RM |
|-----------|-----|----|----|
|-----------|-----|----|----|

| Date 15.06.22          |   |                  |  |  | ComfortDelGro Engineering Pte Ltd<br>59 Loyang Orive Singapore 508969<br>Fax. 6546 8156 |                      |  |  |
|------------------------|---|------------------|--|--|---|----------------------|--|--|
|                        |   | ION FORM         |  |  |   |                      |  |  |
| То                     |   |                  | the second secon |  | Fax:  |                      |  |  |
|                        |   |                  | THEVAN   | ALCOHOL: A CONTRACTOR OF THE PERSON OF THE P |   |                      |  |  |
| Vehi                   | cie Reg   | No. SHC          | 1079G  | Date   | of Accident:  | 10,06,22             |  |  |
| The                    | survey  | and estimates of | f the repairs of the above-m   | entioned vehicle   | are as follows  | :•                   |  |  |
| ١.                     | . The repair job shall bill to:                               |                  | III to:  | NTUC   |   | 8GW2353P             |  |  |
| 2.                     | The   | finalized amount | shall be:  |  |   |                      |  |  |
|                        | (a)   | Spare Parts of   | ter List discount  |  |   |                      |  |  |
|                        | (b)   | Labour Charge    | 18   |  |   |                      |  |  |
|                        |   | Total for Part-  | By-Part Repair Cost  |  |   |                      |  |  |
|                        | (c.)  | Total for Lump   | eair (if applicable)<br>sum repair cost after Less;<br>m Repair cost   | 20%  |   | \$3,850.00           |  |  |
| 3.                     |   | ,                | riod for repairs:  | 3 wo   |   | eply from you within |  |  |
| 5.                     | 7 working days  5. Thank you for your assistance.  Signature: |                  |  | 7 - 1  | We confirm the estimates and finalized amount   |                      |  |  |
|                        |   |                  |  | Sk   | Signature:  |                      |  |  |
|                        | Nam   | e : JUMANI       |  | Na   | me : TH   | EVAN                 |  |  |
|                        | Tel   | : 621483         | 15   | Da   | to :(   | 718122               |  |  |
|                        | Fax   | : 654681         | 56   | _  |   | . [-1                |  |  |
| For                    | Official  | Use Only         |  |  |   |                      |  |  |
|                        |   | Item             | Amount   | Document<br>Attached<br>Yes or No  | Confirm By<br>(Signature)   | Remarks              |  |  |
| 1. R                   | ental R   | tate P/Day       |  | YES  |   |                      |  |  |
| 2. L                   | Loss of Income Paid   |                  | ****   | NO   |   |                      |  |  |
| the later was a second | urvay f   |                  | ****   |  |   |                      |  |  |
| L                      | TA See  | irch Fee         | \$7.49 / \$2.00  | YES  |   |                      |  |  |
|                        |   | Fees (on behalf  |  |  |   |                      |  |  |
|                        | varrun  | if applicable)   |  |  |   |                      |  |  |
| Rem                    |   |                  |  |  |   |                      |  |  |