

**COMFORTDELGRO  
ENGINEERING**

Our Job Ref No : 305529193

Date 08.09.22

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

To : LKK

Fax :

Attn : Mr GUO QIANG

Vehicle Reg No. SHA1476D

Date of Accident : 06.09.22

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

1. The repair job shall bill to: CHINA --- SLW3782T

2. The finalized amount shall be:

(a) Spare Parts after List discount

(b) Labour Charges

Total for Part-By-Part Repair Cost

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20%

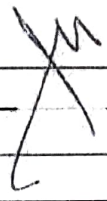
\$750.00

Final Lumpsum Repair cost

3. Estimated normal period for repairs: 1 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 amountSignature : 

Name : JUMANI

Tel : 62148315

Fax : 65468156

Signature : 

Name : GUO QIANG NAZKK

Date : 1/12/2022

**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	---	NO		
3. Survey Fees	---	---		
LTA Search Fee	\$7.49 / \$2.00	YES		
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

China (Ysum)

COMFORTDELGRO ENGINEERING PTE LTD

Date: 07.09.2022

REPAIR ESTIMATE

Time: 14:09:10

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 : 305529193  
REGN NO : SHA1476D  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 11.01.2017  
DATE/TIME IN : 06.09.2022 20:50  
ACCIDENT DATE : 06.09.2022

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0594-G	MIRROR ASSY-RR VIEW O/S	1	670.00	20.00	536.00	DIS
0002 04-01-0103-0689-G	W/STRIP ASSY-FR DR BELT	1	153.10	20.00	122.48	Est
SUB-TOTAL :						658.48

JOB NATURE

0000 PB	PANEL BEATING	280.00	120
0001 SP	SPRAYPAINT CHARGE	200.00	120
0002 23-01	TOWING FEE	60.00	2
SUB-TOTAL :		540.00	

TOTAL : 1,198.48

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

1 Day  
7/9/22  
bun Rip  
4/5  
4/5pm

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey after colour painting
- To inspect and sign off the resurvey
- Participate in the assessment
- The assessment is on a "No Prejudice" basis
- The assessment is for the purpose of the repair
- The assessment is for the purpose of the repair and is not a guarantee of the repair

Acknowledged by the Repairer:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

### Job Requisition

1. Date: <u>6.9.2022</u> Time Received: <u>2200</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 checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
2. <input checked="" type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer: <u>Mr Koh</u> Contact No.: <u>9639 3933</u> Vehicle No.: <u>SHA 1476P</u> Make / Model / Colour: <u>HONDA CIVIC</u> Email: _____		5. Nature of Service: <input checked="" type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	6. Parts Replaced/Remarks: _____ _____

7. Location: <u>Parkway Parade</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: _____	11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested	<p># : Cracked X : Dented                  / : Scatched O : Missing</p>
Fuel Level: <u>F</u> <u>1/4</u> <u>1/2</u> <u>3/4</u> <u>E</u>		

Job Attended		Signature of Customer _____
12. Tow Truck / Recovery Van: <input type="checkbox"/> VRS <input type="checkbox"/> QA <input checked="" type="checkbox"/> GAO <input type="checkbox"/> OTHERS Name of Driver: <u>Mr Koh</u> Vehicle No.: <u>65F 101</u> Time Dispatch: <u>2200</u> Time of Arrival: <u>2230</u> Time Completed: <u>2250</u>		

### 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™.

<u>6.9.2022</u> Date	<u>2250</u> Time	_____ Signature of Customer
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### 4. WORKSHOP

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