COMFO	RTDE	ELG	RO
The second secon	The same of the last of the la	The second second	And Address of the Owner, where
ENGINEER	RING	-	

Date ;	Our Job Ref No : 305532926		ENGINEERING				
			ComfortDelGro Engineering P 59 Loyang Drive Singapore 5 Fax: 6546 8156				
FINALIZATION FORM			Fax: t	5546 8156			
To :	:LKK			_ Fax :			
Attn: Mr Naz							
Vehicle Reg No. : Sh	1 8956Y			12.10.2022			
The survey and estimates	of the repairs of the above-me	entioned vehic	le are as follow	rs:-			
1. The repair job shall	bill to:	COME		SMP1872E			
2. The finalized amount	nt shall be:						
(a) Spare Parts a	after List discount						
(b) Labour Charg	ges			the decision of the control of the c			
Total for Par	t-By-Part Repair Cost			\$0.00			
Total for Lum	pair (If applicable) psum repair cost after Less: um Repair cost	20%		\$1,700.00 <b>\$1,700.00</b>			
<ol><li>Estimated normal per</li></ol>	eriod for repairs:	wo	orking days.				
	bove amount as Correct and	d Confirmed i		estimates and			
<ul><li>4. We shall treat the a 7 working days</li><li>5. Thank you for your a</li></ul>	bove amount as Correct and	d Confirmed i	if there is no reconfirm the ealized amount	estimates and			
<ul> <li>4. We shall treat the a 7 working days</li> <li>5. Thank you for your a</li> <li>Signature :</li> </ul>	ssistance.	d Confirmed i W fin	if there is no reconfirm the ealized amount	estimates and			
<ul> <li>4. We shall treat the a 7 working days</li> <li>5. Thank you for your a Signature :</li></ul>	ssistance.	d Confirmed i W fin	if there is no reconfirm the ealized amount	estimates and			
4. We shall treat the a 7 working days  5. Thank you for your a Signature:  Name: Ms. Loke Tel: 6214835	ssistance.	d Confirmed i W fin	if there is no reconfirm the ealized amount	estimates and			
<ul> <li>4. We shall treat the a 7 working days</li> <li>5. Thank you for your a Signature :</li></ul>	ssistance.	d Confirmed i W fin	if there is no reconfirm the ealized amount	estimates and			
4. We shall treat the a 7 working days  5. Thank you for your at Signature:  Name: Ms. Loke Tel:: 6214835 Fax:: 6546815	ssistance.	d Confirmed i W fin	if there is no reconfirm the ealized amount	estimates and			
4. We shall treat the a 7 working days  5. Thank you for your a Signature:  Name: Ms. Loke Tel: 6214835	ssistance.	d Confirmed i  W fin  Sig  Na  Da  Document Attached	if there is no reconfirm the ealized amount	estimates and			
4. We shall treat the a 7 working days 5. Thank you for your a Signature:  Name: Ms. Loke Tel: 6214835 Fax: 6546815	ssistance.	d Confirmed i  W fin  Sig	e confirm the ealized amount gnature: ame: ate:	NAZ UKK 30/1/2023			
4. We shall treat the a 7 working days  5. Thank you for your a Signature:  Name: Ms. Loke Tel: 6214835  Fax: 6546815  For Official Use Only  Item  Rental Rate P/Day	ssistance.	d Confirmed i  W fin  Sig  Na  Da  Document  Attached  Yes or No	e confirm the ealized amount gnature: ame: ate:	NAZ UKK 30/1/2023			
4. We shall treat the a 7 working days  5. Thank you for your a Signature:  Name: Ms. Loke Tel:: 6214835 Fax:: 6546815	ssistance.	Document Attached Yes or No	e confirm the ealized amount gnature: ame: ate:	NAZ UKK 30/1/2023			
4. We shall treat the a 7 working days 5. Thank you for your a Signature:  Name: Ms. Loke Tel: 6214835 Fax: 6546815  For Official Use Only  Item  Rental Rate P/Day Loss of Income Paid	ssistance.	Document Attached Yes or No	e confirm the ealized amount gnature: ame: ate:	NAZ UKK 30/1/2023			
4. We shall treat the a 7 working days  5. Thank you for your a Signature:  Name: Ms. Loke Tel: 6214835  Fax: 6546815  For Official Use Only  Item  Rental Rate P/Day Loss of Income Paid Survey Fees	ssistance.	Document Attached Yes or No	e confirm the ealized amount gnature: ame: ate:	NAZ UKK 30/1/2023			

## COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No.: SH8956Y Make: HYUNDAI

Model : IOI

: IONIQ

Date: 10/12/22 Insurance: INCOME

MVA: MS, LOKE YY

fil.					IVIVA. IVIS. LUK	= 7 7		
	Qty	Parts Description /	Labour	Туре	Unit Price		lmount	
		IMPER COVER				\$	459.40	
	1	MPER CLIPS / Vet	· 1.1			\$	22.00	
- 1	1 REAR BUI	MPER CENTRE MOULDING	/ cun			\$	451.25	,
	1 REAR BUI	MPER REFLECTOR LAMP LI	H TXSVL			\$	41.45	
	1 TAIL LAME	PLH ?XSVC				\$		}
	1 ASSY BLIN	ND SPOT RADAR LH	NN			\$	935.40	
-	1 REAR FEN	IDERLH X Rupis					1,784.40	
	1 REAR BUN	IPER SIDE BRACKET LH	/ BT			\$	1,768.30	
			•			\$	55.80	
		,						
		•	SUB TOTAL			-	5.540.00	-
1	1		LESS 20%			\$	5,518.00	
1	1		DISCOUNTED TOTAL	1		3	1,103.60	
i	7		DIOCOGNIED TOTAL			\$	4,414.40	
1	1 REAR BUM	PER RUBBER MAT	( 14.	7.				
1	1 REAR FEND	PER RUBBER MAT  DER PETROL STICKER	- JAGC,	1		\$	50.00	
	17.2.4.1.2.42	ZENT ETROL STICKER >	/			\$	15.00	Nett
	1			1		\$	65.00	
	Labour Chai	rge		1				
	PANEL BEAT	TING				•	1.05000	700
	SPRAY PAIN	ITING CHARGE	1			\$	1,050.00	100
	CHECK ALL					Ð	-600.00	200
	TUFF KOTE				1	\$	. <del>60.0</del> 0	30
		EIV LIDSHOLSTEDY AND C	NICHION DD			\$	60.00	XV
	TENOVE/ RE	EFIX UPSHOLSTERY AND C			}	\$	120.00	60
			TOTAL LABOUR			\$	1,890.00	
								1
			ESTIMATE TOTAL		ļ	\$	6,369.40	
					1			

his is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

12/10 3/m

## 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: