FINALIZATION FORM  To: LKK  Attn: GUO QIANG  Vehicle Reg No.: SHB4741M  The survey and estimates of the repairs of the above-mentioned vehicle are as follows:  1. The repair job shall bill to: CHINA TAIPING GBK4663D  2. The finalized amount shall be:  (a) Spare Parts after List discount (b) Labour Charges (include advertisement stickers etc.if any) Total for Part-By-Part 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: Signature: Signature: Signature: Signature: Name: GUO QIANG  Tel: 62148398  Fax: 65468156  For Official Use Only  Item Amount Document Attached Yes on No  1. Rental Rate P/Day YES  2. Loss of Income Paid N  Medical Fees (on behalf of driver, if applicable) of driver, if applicable)  Overrun	Our Job Ref No : Date :	305532424 13.10.2022		ENG	MFORTDELGRO INEERING DelGro Engineering Pte Ltd
To: LKK Fax: Attn: GUO QIANG  Vehicle Reg No. : SHB4741M Date of Accident: 08.10.2022  The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-  1. The repair job shall bill to: CHINA TAIPING GBK4663D  2. The finalized amount shall be:  (a) Spare Parts after List discount (b) Labour Charges (include advertisement stickers etc,if any) \$780.00  Total for Part-By-Part Repair Cost \$780.00  (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: We confirm the estimates and finalized amount  Signature: Signature: Signature: Signature: Name : GUO QIANG Tel : 62148398 Date : MILLIPORT  For Official Use Only  Item Amount Document Attached Yes or No (Signature)  Remarks  1. Rental Rate P/Day YES  2. Loss of Income Paid N  Medical Fees (on behalf of driver, if applicable)  Medical Fees (on behalf of driver, if applicable)	FINALIZATION FORM			59 Loya	ng Drive Singapore 508969
Attn: GUO QIANG  Vehicle Reg No.: SHB4741M  Date of Accident: 08.10.2022  The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-  1. The repair job shall bill to: CHINA TAIPING GBK4663D  2. The finalized amount shall be:  (a) Spare Parts after List discount  (b) Labour Charges (include advertisement stickers etc,if any) \$780.00  Total for Part-By-Part Repair Cost \$780.00  (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: We confirm the estimates and finalized amount  Signature: Signature: Signature: Name: GUO QIANG  Tel: 62148398 Date: 14/12/2022  Fax: 65468156  For Official Use Only  Item Amount Document Attached Yes or No (Signature)  Remarks  1. Rental Rate P/Day YES  Loss of Income Pald N  Medical Fees (on behalf of driver, if applicable)  The Survey Fees	То :	LKK			40 6156
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C.   Lumpsum Repair (if applicable)   Total for Lumpsum repair cost after Less:   20%   Final Lumpsum Repair cost   2   working days.	(b) Labour Cha	rges (include advert	sement stickers	etc,if any)	
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Name   : LIM T S   Name   : GUO QIANG     Tel   : 62148398   Date   : IY / (12/2022     Fax   : 65468156     For Official Use Only					
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Medical Fees (on behalf of driver, if applicable)	Signature:  Name: LIM T S  Tel: 621483  Fax: 654681  For Official Use Only  Item  Rental Rate P/Day	assistance.  UWU  398 56	Document Attached Yes or No YES	Ve confirm the esnalized amount  ignature: ame: ate: Confirm By	GUO QIANG
driver, if applicable)	Signature:  Name: LIM T S  Tel: 621483  Fax: 654681  For Official Use Only  Item  Rental Rate P/Day  Loss of Income Paid	assistance.  UWU  398 56	Document Attached Yes or No YES N	Ve confirm the esnalized amount  ignature: ame: ate: Confirm By	GUO QIANG  IM/12/2022
	Signature:  Name : LIM T S  Tel : 621483  Fax : 654681  For Official Use Only  Item  Rental Rate P/Day  Loss of Income Paid  Survey Fees  LTA Search Fee	398 56 Amount \$7.49 /\$2.00	Document Attached Yes or No YES N	Ve confirm the esnalized amount  ignature: ame: ate: Confirm By	GUO QIANG  IM/12/2022
	Signature:  Name: LIM TS  Tel:: 621483  Fax:: 654681  For Official Use Only  Item  Rental Rate P/Day Loss of Income Paid Survey Fees  LTA Search Fee  Medical Fees (on behalf of driver, if applicable)	398 56 Amount \$7.49 /\$2.00	Document Attached Yes or No YES N	Ve confirm the esnalized amount  ignature: ame: ate: Confirm By	GUO QIANG

## **COMFORTDELGRO ENGINEERING PTE LTD**

## REPAIR ESTIMATE

Effective Date: 1 Nov 2020

LXX-

DATE:

11.10.2022

INSURANCE: China Taiping

MODEL:

Hyundal I40

MVA: LIMTS

VEHICLE NO .: SHB4741M - CityCab

PART NO. DESCRIPTION	QTY	רואט	PRICE	A	MOUNT	
Front Bumper X Myrix,	1			\$	1,052.20	
Front Bumper Clips X	10	\$	2.20	\$	22.00	
Front Fender LH X Report	1			\$	663.00	
SUB TOTAL				\$	1,737.20	
LESS 20%				\$	347.44	
DISCOUNTED TOTAL				\$	1,389.76	
Labour Charge Panel Beating Spray Painting Charge Tuff Kote				\$ \$	600.00 600.00 40.00	28
TOTAL LABOUR				\$	1,240.00	
ESTIMATE TOTAL				\$	2,629.76	

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.

JS \$780

LKK Auto Consultants hence notify the Repairer of the following:

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Acknow:

Signature:

Date:

## COMFORTDELGRO ENGINEERING PTE LTD

Date: 12.10.2022 Time: 14:26:14

REPAIR ESTIMATE

Page: 1

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010070

ADDRESS: CITYCAB PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65551188

JOB NO REGN NO

: 305532424 : SHB4741M

MILEAGE MAKE

: 0000000000 : HYUNDAI

MODEL

: I-40

DATE OF REGN

: 05.01.2017

DATE/TIME IN

: 10.10.2022 14:40

ACCIDENT DATE : 08.10.2022

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL :

0.00

JOB NATURE

0000 PB

PANEL BEATING-SHB4741M-TP

280.00

0001 SP

SPRAYPAINT CHARGE

500.00

SUB-TOTAL : 780.00

TOTAL : 780.00

MVA NAME & SIGNATÜRE

DATE:

AUTHORISED: YES / NO

SURVEYOR NAME & SIGNATURE

DATE: