

EM Solution Pte Ltd

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Not Notched
L1 Sing & 4450h
Penny After Pain
4 days

Vehicle number: SMZ894X

Vehicle Make & Model: TOYOTA RAV 4

Qty	List Items	Amount \$
1	Front bumper - Top 726.10	Buc/D11 914.10 ✓
1	Front bumper - Lower	Sm 756.30 X
1	Front bumper fog lamp - LH	Sm 371.50 X
1	Front bumper fog lamp cover	Sm 141.20 X
1	Front bumper logo	Sm 121.60 X
2	Front bumper side retainers - L/R @ 89.95	Sm 179.90 X
1	Front fender - LH	R 1,035.70 X
1	Front fender protector 362.80	NC 431.90 ✓
1	Front sport wheel - LH 1551.80	Rad/warp 1,755.60 ✓
1	Front shock absorber - LH	As 581.90 ✓
1	Front shock absorber top mount	R 210.53 ✓
1	Front lower arm	D11 790.65 ✓
1	Front lower arm ball joint	R 281.35 ✓
1	Front knuckle arm 681.20	R 731.50 ✓
1	Front wheel hub	R 421.60 ✓
1	Front wheel bearing	Mc 210.50 ✓
1	Front drive shaft - LH	R 1,459.63 X
1	Front anti roll bar	Sm 421.10 X
1	Front anti roll bar link	Sm 141.60 X
1	Front steering rack fixed	R 1,954.90 231.60
1	Front headlamp - LH	Sm 3,536.10 X
Sub-total		16,449.16
Less 25%		4,112.29
Total Nett		12,336.87

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Vehicle Repair Estimate

Vehicle Make & Model: TOYOTA RAV 4

Vehicle Number: SMZ894X

Repairer: [Signature]

Customer: [Signature]

Signature:

Date:

vehicle number: SMZ894X

Vehicle Make & Model: TOYOTA RAV 4

Special Nett Items

1 set Front bumper clip	45.00
1 Front tyre - LH	350.00 X
1 Tin Auto TX oil	120.00 X
1 Bot Brake fluid	50.00 X
Total Special Nett	565.00

Labour charges

To check front undercarriage	600.00 200l
To check wheel alignment	120.00 60l
To press new wheel bearing	120.00 30l
To respray painting and etc	600.00 400l
Panel beating, cut, weld remove & replacing above parts	600.00 300l
Total Labour	2,040.00

ESTIMATE PARTS AND LABOUR GRAND TOTAL \$ 14,941.87

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To detect damaged part(s) during resurvey
- Parts are subject to confirmation
- The estimate is on a "Without Prejudice" basis
- A 14 day time limit is allowed
- Surveys are to be resurveyed and confirmed by the Insurance Company

Accepted by Repairer:

Signature:

Date: