

Our Job Ref No 305545569

| Date | Э | 24.02.2023 | | | tDelGro Engineering Pte Ltd ang Drive Singapore 508969 |
|------|---|--|------------|------------------------------------|---|
| FINA | ALIZAT | ION FORM | | | |
| То | : _ | LKK | Fax : | | |
| Attn | : IRFAN | | | | |
| Vehi | icle Reg | No. : SHD4241D | | _ | 11.02.2023 |
| The | survey | and estimates of the repairs of the above-me | entioned v | ehicle are as follows: | - |
| Z | The r | epair job shall bill to: | STRIDES | | SHB1320P |
| 2. | The f | inalized amount shall be: | | | |
| | (a) | Spare Parts after List discount | | | |
| | (b) | Labour Charges | | | |
| | | Total for Part-By-Part Repair Cost | | | *7 |
| | (c.) | Lumpsum Repair (if applicable) Total for Lumpsum repair cost after Less: Final Lumpsum Repair cost | | | \$37,00,00 |
| 3. | Estim | ated normal period for repairs: | 3 | working days. | |
| 4. | | hall treat the above amount as Correct and | d Confirm | ned if there is no rep | oly from you within |
| 5. | 7 working days Thank you for your assistance. | | | We confirm the es finalized amount | timates and |
| | Signa Name | - U V | - | | |
| | Tel | 62148314 | _ | D 4: | |
| | Fax | 65468156 | - | | |
| | NCC - 1 - 1 1 | Heo Only | | | |

For Official Use Only

| Item | Amount | Document Attached Yes or No | Confirm By (Signature) | Remarks |
|---|----------------|-----------------------------------|------------------------|---------|
| Rental Rate P/Day | | YES | | |
| 2. Loss of Income Paid | ¥ | N | | |
| 3. Survey Fees | Ti. | - | | |
| 4. LTA Search Fee | \$26.75/\$2.00 | YES | | |
| Medical Fees (on behalf of driver, if applicable) | _ | | | |
| 6 Overrun | | | | |

| Remarks: | | | |
|----------|--|--|--|
| - | | | |



ComfortDelGro Engineering Pte Ltd

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Mainline +65 6383 6260 Facsimile +65 6280 9755
Service Centres
205 Braddell Road Singapore 579701
505 Pandan Road Singapore 609266
45 Pandan Road Singapore 609266
75 Sungei Kadul Way Singapore 728791
50 Up Road 3 Singapore 408649







JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

| Job Requisition | | | | | | |
|---|--|--------------------------|---|--|--|--|
| | ved: 00/0/3. | Vehicle Type: | 4. Type of Towing: | | | |
| 2. New SPARK Kal | | Private | Normal Tow | | | |
| Name of Customer | | Taxi (CTPL/CCPL) | King Dolly Flat Bed | | | |
| Contact No. : 9/25// | | Fleet STK (Boon Lay) | Crane-up | | | |
| Vehicle No. : SHD 425 | | Nature of Service: | 6. Parts Replaced/Remarks: | | | |
| Make/Model/Colour: | | Jumpstart Recovery | | | | |
| Email : | | Change Tyre / Battery | | | | |
| 7. La ation: 488 Tem | pinus A-ve | ☐ Smok | v - In Workshop: y Exhaust | | | |
| 9. Preferred Workshop: | | Overh | eating Steering Faulty Faulty Alternator Faulty | | | |
| | ang 🔲 Par gei Kadut 🔲 Ubi | idan . | ng Problem Loss Power | | | |
| Komoco (UBI / Leng Kee) | | ele & Carriage (PD) | ent Engine Stalled | | | |
| Others: | | Return | n Taxi | | | |
| 10. Odometer Reading : | 1 | 11. Radio / CD Player OK | FROM | | | |
| Fuel Level : F 1/2 | 4 1/2 3/4 E | Faulty Not tested | | | | |
| Job Attended | | WE ALL S | 77 | | | |
| 11- | 12. Tow Truck / Recovery Van : VRS QA GAO OTHERS | | | | | |
| Name of Driver : 174 | 11 11 11 11 E | | REAR (| | | |
| Vehicle No. | 7037 12 | | #: Cracked X: Dented | | | |
| Time Dispatch : | | | /: Scatched O: Missing | | | |
| Time of Arrival | | | | | | |
| Time Completed : | | | Signature of Customer | | | |
| 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™. | | | | | | |
| Date | Time | Sign | ature of Customer | | | |
| 14. WORKSHOP | | | | | | |
| 2 2 | | | | | | |
| <u> </u> | | | | | | |
| Name of Attending Staff/Guard | Date & Time of Arriv | al Signature | of Attending Staff/Guard | | | |