

Date 26.04.23

Fax :

Vehicle Reg No. **SH 6751J**

Date of Accident : 20.04.23

1. The repair job shall bill to : INCOME --- **SMH3215G**

(b) Labour Charges

Total for Part-By-Part Repair Cost

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20%

\$1,550.00

Final Lumpsum Repair cost

3. Estimated normal period for repairs: 3 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

Name : JUMANI

Fax : 65468156

Name : **IRFAN**

Date : _____

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	26.75/2.00	YES		
5. Medical Fees (on behalf of driver, if applicable)				
6 Overrun				

Remarks: