

# COMFORTDELGRO

## ENGINEERING

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508969  
Fax: 6546 8156

Our Job Ref No : 305553907  
Date : 11.05.2023

### FINALIZATION FORM

To : LKK

Fax :

Attn : IRFAN

Vehicle Reg No. : SHD3501K

Date of Accident : 06.05.2023

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: CHINA TAIPING -- SLF6189B

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

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20%

Final Lumpsum Repair cost

~~\$2,350.00~~ 2,300.00


~~\$2,350.00~~ 2,300.00

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

Signature : 

Name : LIM T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : IRFAN NAZ LKK

Date : 28/6/2023

### For Official Use Only

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

Remarks:

## COMFORTDELGRO ENGINEERING PTE LTD

Effective Date: 1 Nov 2020

REPAIR ESTIMATEDATE: 08.05.2023

SLF6189B

MODEL: Hyundai I40INSURANCE: CHINA TAIPING (4S)VEHICLE NO.: SHD3501KMVA: LIMITS

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
228	Front Bumper Ser X R / CRA	1		\$ 1,052.20
232A	Front Bumper Clips X / NEC	10	\$ 2.20	\$ 22.00
	Front Bumper Brkt LH ? X SVC	1		\$ 22.40
	Front Fender LH Bent	1		\$ 663.00
28346	Front Fender Shield LH ? / DEF	1		\$ 174.90
	HeadLamp LH ? X SVC	1		\$ 1,388.00
	Front Wheel Cap LH CRA	1		\$ 217.20
	<b>SUB TOTAL</b>			\$ 3,539.70
	<b>LESS 20%</b>			\$ 707.94
	<b>DISCOUNTED TOTAL</b>			\$ 2,831.73
	<b>Labour Charge</b>			
	Panel Beating			\$ 600.00
	Spray Painting Charge			\$ 600.00
	Check Lightings			\$ 40.00
	Tuff Kote			\$ 40.00
	Wheel Alignment			\$ 120.00
	Towing Fee			\$ 60.00
	<b>TOTAL LABOUR</b>			\$ 1,460.00
	<b>ESTIMATE TOTAL</b>			\$ 4,291.76

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.

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:

2913.44

L20%

L\$ \$ 2350.00

3 days

L/S 8/5/23

2 pm 8/5/23

10

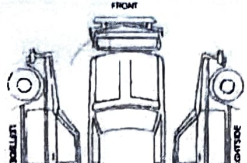


## JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

### Job Requisition

1. Date: <u>6/5/23</u> Time Received: <u>2000</u>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : <u>MR RIZAL</u> Contact No. : <u>98469010</u> Vehicle No. : <u>SHD3501K</u> Make / Model / Colour : <u>140</u> Email :		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	6. Parts Replaced/Remarks:

7. Location: <u>TAMP JAYA</u>	8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others:	

10. Odometer Reading : _____ Fuel Level : <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E	11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested	 <p># : Cracked X : Dented                  / : Scratched O : Missing</p> <p>Signature of Customer _____</p>
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### Job Attended

12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input checked="" type="checkbox"/> QA <input type="checkbox"/> GAO <input type="checkbox"/> OTHERS
Name of Driver : <u>Alan</u>
Vehicle No. : <u>UN85192</u>
Time Dispatch : <u>2000</u>
Time of Arrival : <u>2045</u>
Time Completed : <u>2115</u>

### 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

Signature of Customer

### 14. WORKSHOP

Name of Attending Staff/Guard

Date & Time of Arrival

Signature of Attending Staff/Guard

WORKSHOP COPY