

Our Job Ref No : 305557040
Date : 14.06.2023

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969

FINALIZATION FORM

To : LKK

Fax :

Attn : TAUFIKH

Vehicle Reg No. : SHA3939Y

04.06.2023

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

1. The repair job shall bill to: INDIA INTL INS GBH1788M
2. The finalized amount shall be:
- (a) Spare Parts after List discount _____
- (b) Labour Charges _____
- Total for Part-By-Part Repair Cost** _____
- (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: _____
Final Lumpsum Repair cost \$2,600.00

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 : 

Signature : taufikh

Name : CHIANG

Name : Taufikh

Tel : 62148314

Date : 17/6/23

Fax : 65468156

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

Remarks:

Towing Fee

No Key Team
TP components



JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition	
1. Date: <u>07/06/23</u> Time Received: <u>0825hrs</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)
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : <u>MS HANS</u> Contact No. : <u>8825 0431</u> Vehicle No. : <u>54X 3939 Y</u> Make / Model / Colour : <u>Volvo</u> Email : <u>1010</u>	4. Type of Towing: <input type="checkbox"/> Normal Tow <input checked="" type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
7. Location: <u>517 Airport Rd</u>	6. Parts Replaced/Remarks:
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:	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
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
Job Attended	
12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input type="checkbox"/> QA <input checked="" type="checkbox"/> GAO <input type="checkbox"/> OTHERS Name of Driver : <u>Neerban</u> Vehicle No. : <u>YN 3669Y</u> Time Dispatch : <u>0825hrs</u> Time of Arrival : <u>1000hrs</u> Time Completed : <u>1100hrs</u>	 # : Cracked X : Dented / : Scatched O : Missing 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™.

07/06/23 _____ X
Date Time Signature of Customer

14. WORKSHOP

Name of Attending Staff/Guard Date & Time of Arrival Signature of Attending Staff/Guard