

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

## FINALIZATION FORM

Vehicle Reg No. : SHA9503G

Fax :

Date of Accident : 19.06.2023

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

- |    |   |  |   |                             |
|----|---|--|---|-----------------------------|
| 1. | The repair job shall bill to:   | <u>INCOME</u>  | ---   | <u>SLA1676X</u>             |
| 2. | The finalized amount shall be:  |  |   |                             |
|    | (a)   | Spare Parts after List discount                            |   | <u>                    </u> |
|    | (b)   | Labour Charges (include advertisement stickers etc,if any) |   | <u>                    </u> |
|    |   | <b>Total for Part-By-Part Repair Cost</b>                  |   | <u>                    </u> |
|    | (c.)  | Lumpsum Repair (if applicable)                             |   |                             |
|    |   | Total for Lumpsum repair cost after Less:                  | <u>20%</u>                                    | <u>\$850.00</u>             |
|    |   | <b>Final Lumpsum Repair cost</b>                           |   | <u>\$850.00</u>             |
| 3. | Estimated normal period for repairs: <u>2</u> working days.   |  |   |                             |
| 4. | <b>We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days</b> |  |   |                             |
| 5. | Thank you for your assistance.  |  | We confirm the estimates and finalized amount |                             |

Fax : 65468156

Date : \_\_\_\_\_

**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: