FINALIZATION	Date/Time:		Confirm with:	Confirm by: LWP	
Repair Cost: L/S	S$ 5,000.00	(6 days)	Reduction: 57 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 19.05.20	Confirm with		Email ☐ Call ☐	
Final Liability:	% -	(Agreed / Assessed)	BOLA S/N No. :	If NO or B 28, Ass. Lia :	
Repair Cost:	S$ -				
Loss of Rental (LOR):	S$ -	(days)			
Loss of Use (LOU):	S$ -	($ x days)			
Loss of Income (LOI):	S$ -	($ x days)			
LOR only ☐ LOU only	☐ LOR + LOU	☐ LOR + LOI	☐ [**Tick only one**]		
GIA/LTA Search	S$ -				
Medical:	S$ -			1) Claim status: Normal/~~Reject/Private Settle~~	
Disbursement:	S$ -	(e.g. Tow/ Independent)		2) Report Format:	TP / WP
Legal Cost	S$ -			3) Survey fee:	$ 350
Total:	**S$ -**	**Global Sum S$:**			

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

* TP PASS LAWYER