

### THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

|                   |                      |        |                        |
|-------------------|----------------------|--------|------------------------|
| Vehicle No:       | SKV 1717M (Insd veh) | Model: | RENAULT                |
|                   | SHB 9965B (TP veh)   |        | LATITUDE 2.0L DCI AUTO |
| Date of Accident: | 17/11/2017           |        | D/AB 4DR               |

|                       |   |                              |  |
|-----------------------|---|------------------------------|--|
| Global Sum Settlement | : | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Repair Estimate       | : | \$                           | 34,372.94                              |
| Final Repair Cost     | : | \$                           | 7,222.50                               |
| Loss of Token Sum     | : | \$                           | 150.00                                 |
| Rental (if any)       | : | \$                           | 297.96                                 |
| LTA / GIA Search Fee  | : | \$                           | 5.35                                   |

|         |   |    |  |
|---------|---|----|--|
| Others: | : | \$ |  |
|---------|---|----|--|

|                      |   |    |          |
|----------------------|---|----|----------|
|                      | : | \$ |          |
| Final Settlement Sum | : | \$ | 7,675.81 |

|   |   |
|---|---|
| <b>Is Third Party Workshop GIA Registered?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO    (Kindly indicate below) |   |
| <b>A) For Non GIA Registered Workshop:</b>  | Agreed Liability _____100_____(%)                   |
| <b>B) For GIA Registered Workshop:</b>  | BOLA Applicable: Yes/ No    BOLA Scenario No: _____ |
| BOLA Liability: _____(%)  | Assessed Liability (*): _____(%)                    |
| <i>* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.</i>                                   |   |
| Remarks: PLEASE SEND THE CHEQUE PAYMENT TO TRANS-CAB AUTO SERVICES PTE LTD<br>NO.2 ANG MO KIO ST 63 SINGAPORE 569111                          |   |

| Payment Instruction: Payee's Breakdown |                                 |   |             |
|--|---------------------------------|---|-------------|
| 1)                                     | TRANS-CAB AUTO SERVICES PTE LTD | : | \$ 7,675.81 |

NUR SHAQILAH BTE ABDOL  
WAHAB

08/03/2018  
Date

Please attach all the supporting documents to the form.  
(Final Repair Bill; Rental Invoice; Release Voucher; Authorisation to Act; Survey Report; Medical Report/ Bill (if any))

