

LKK REF NO: CC3/CT118008563/Kea3

<b>FINALIZATION</b>		Date/Time:	Confirm with:	Confirm by: <b>KSC</b>
Repair Cost:	L/S	S\$ 2,550.00	( 3 days) Reduction:	92 %
			Email <input type="checkbox"/>	Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>		Date/Time: 29.04.20	Confirm with: WAI YIN	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	100 %	50	(Agreed / Assessed) BOLA S/N No. :NIL	If NO or B 28, Ass. Lia :
Repair Cost: w/GST: \$2,728.50	S\$ 1,364.25	CONFLICTING VERSION		
Loss of Rental (LOR): \$225.75	S\$ 112.88	( 3 days) X \$75.25		
Loss of Use (LOU): -	S\$ -	(\$ x days)		
Loss of Income (LOI): \$150.00	S\$ 75.00	(\$ 50 x 3 days)		
LOR only <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input checked="" type="checkbox"/>	[Tick only one]
GIA/LTA Search	\$7.49	S\$ 7.49		
Medical:	-	S\$ -	1) Claim status: Normal/ <del>Reject/Private Settle</del>	
Disbursement:	-	S\$ -	(e.g. Tow/ Independent )	
Legal Cost	-	S\$ -	2) Report Format:	TP
			3) Survey fee:	\$ 400
<b>Total:</b>	\$3,111.74	S\$ 1,559.62	<b>Global Sum S\$:1,600.00</b>	
<b>FINAL PAYMENT</b>		Date/Time: 29.04.20	Confirm with: WAI YIN	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$ 1,600.00	Name 1:	TRANS-CAB AUTO SERVICES PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		