

LKK REF NO: CC6/EQI18011627/Aea3

|                                   |                                              |                                                           |                                    |                                                                         |
|-----------------------------------|----------------------------------------------|-----------------------------------------------------------|------------------------------------|-------------------------------------------------------------------------|
| <b>FINALIZATION</b>               |                                              | Date/Time:                                                | Confirm with:                      | Confirm by: LWP                                                         |
| Repair Cost:                      | L/S S\$ 850.00                               | ( 3 days)                                                 | Reduction: 85%                     | Email <input type="checkbox"/> Call <input type="checkbox"/>            |
| <b>FINAL SETTLEMENT</b>           |                                              | Date/Time: 20.05.20                                       | Confirm with SHARON                | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| Final Liability:                  | 100% % 80                                    | (Agreed / Assessed) BOLA S/N No. : NIL                    |                                    | If NO or B 28, Ass. Lia :                                               |
| Repair Cost:                      | \$909.50 S\$ 727.60                          | OID SKIDDED HIT TP                                        |                                    |                                                                         |
| Loss of Rental (LOR):             | - S\$ -                                      | ( days)                                                   |                                    |                                                                         |
| Loss of Use (LOU):                | \$240.00 S\$ 192.00                          | (\$ 60 x 4 days)                                          |                                    |                                                                         |
| Loss of Income (LOI):             | - S\$ -                                      | (\$ x days)                                               |                                    |                                                                         |
| LOR only <input type="checkbox"/> | LOU only <input checked="" type="checkbox"/> | LOR + LOU <input type="checkbox"/>                        | LOR + LOI <input type="checkbox"/> | [Tick only one]                                                         |
| GIA/LTA Search                    | \$ 29.00 S\$ 29.00                           |                                                           |                                    |                                                                         |
| Medical:                          | - S\$ -                                      | 1) Claim status: Normal/ <del>Reject/Private Settle</del> |                                    |                                                                         |
| Disbursement:                     | - S\$ -                                      | (e.g. Tow/ Independent )                                  |                                    | 2) Report Format: TP                                                    |
| Legal Cost                        | - S\$ -                                      |                                                           |                                    | 3) Survey fee: \$ 400                                                   |
| <b>Total:</b>                     | \$ 1,178.50 S\$ 948.60                       | <b>Global Sum S\$: 1,000.00</b>                           |                                    |                                                                         |
| <b>FINAL PAYMENT</b>              |                                              | Date/Time: 20.05.20                                       | Confirm with: SHARON               | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| Payee 1:                          | S\$ 1,000.00                                 | Name 1:                                                   | MG SOLUTION PTE LTD                |                                                                         |
| Payee 2: (Strike if N.A.)         | S\$                                          | Name 2:                                                   |                                    |                                                                         |
| Payee 3: (Strike if N.A.)         | S\$                                          | Name 3:                                                   |                                    |                                                                         |