

15/05/2018

INS. CASE OWNER:

Kamalhan CC 4/ASM 763, A 263<sup>52</sup>

LKK:  
IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

7/9/18

Date / Time:

4/9/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SYB 612L

Name of Insured:

CARZ LEASING P/L

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A:

7/6/18

Is driver the owner? (YES / NO)

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

MUHAMMAD REZWAN S/O BUKAM

Driver Tel No.:

(V/L: YES / NO) RMKS: RMKS

Claim No.:

S8M00MVI / 55088

Policy No.:

VFX / P1876512

Make / Model:

TOYOTA

Place of Accident:

PASIR RIS PR 1 BY PASIR

RIS ST 57

OI GIA REPORT: YES

NO : TP GIA REPORT: YES / NO

Insured Liability: %

Final ? Yes / No

SKD 5167T



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:

SIN  
HUEL



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:

Date/Time	STAGE	DATE / PIC
5/9/18 ASHER	Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pickup): Call OI: ASHER 1-8-18 After call ltr to OI:	
	Documentation Check List: Handler Typist	
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA:	<input checked="" type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
	LOD	<input checked="" type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

RECEIVED 10 SEP 2018

<b>PRELIMINARY ADVICE</b>	Date/Time:	Sent By:	Confirm with:	Confirm by: WSP
<b>FINALIZATION</b>	Date/Time: 4/9/18	Repair Cost: 45 SS3,000	( 3 days) Reduction: 47 %	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time: 6-9-18	Final Liability: % 100 (Agreed / Assessed)	BOLA S/N No. : 31	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
	Repair Cost: SS3,000	Loss of Rental (LOR): SS 300 ( 3 days) x 100	Loss of Use (LOU): SS - (5 x days)	Loss of Income (LOI): SS - (5 x days)
	LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LO <input type="checkbox"/>	(Tick only one)
	GIA/LTA Search: SS7.45	Medical: SS -	Disbursement: SS - (e.g. Tow/ Independent)	Legal Cost: SS -
<b>Total:</b>	SS3,307.45	<b>Global Sum SS:</b>		
<b>FINAL PAYMENT</b>	Date/Time: 6-9-18	Confirm with: KAMU	Confirm by: WSP	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	SS3,307.45	Name 1: SIN HUEL MOTOR PIE LTD	Name 2:	Name 3:
Payee 2: (Strike if N.A.)	SS			
Payee 3: (Strike if N.A.)	SS			

COPY SENT 10/9/18

17/9/18

ASS. REC. BY: Adrian King

REF:

### ASSIGNMENT

10/12/12

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

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

/	
N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SKJ5167T Yr Regn: 2012 Dec

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Volkswagen Passat c.c. 1390

Colour: Bronze A/C: Insured / Std / NI / NA

Sp. Reading: 135276 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: WVW2223C2DE067575

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 215/55R16

R: 215/55R16

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. \_\_\_\_\_ D.O.I. 03/07/18

Survey held at Sin Hwee

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

TP AXA.

1/3: +3,000 (REP: +2,609 41%)

MV: 58K  
PV: 47.4K  
Nett: 10.6K

Date/Time, File Pass to?

: Preli. Report

1)

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:  : Site Insp (\$)

: Interview (\$)

: Tech. Invs (\$)

: Weekend (\$)

Survey Fee:

Transportation:

\$ + RS, SI

Photos

Others

TOTAL

Report Format :

Lump Sum / I.B.I. (\$) )



## LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile			
AXA INSURANCE PTE LTD		Ref : CC4/ASM18012163/Aeb3	
8 SHENTON WAY #24-01 AXA TOWERSINGAPORE 068811		Date : 04-07-2018	
		Code : ASM	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SJQ 6121L	Veh. Inspected	SKD 5167T
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	04/07/2018
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm
<b>4. Description of Damages</b>			
<b>5. General Information</b>			
Accident Date	29/06/2018	Inspection Date	03/07/2018
Survey held at	SIN HWEE MOTOR PTE LTD BLK 3023-A UBI ROAD 1 #01-59 SINGAPORE 408717		
<b>5a. Remarks</b>			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			

# SIN HWEE MOTOR PTE LTD

# ESTIMATE

\*\*\* Main Workshop \*\*\*

Blk 3023A Ubi Road 1 #01-59 S(408717)

\*\*\* Spray Paint Workshop @ Autobay \*\*\*

1 Kaki Bukit Avenue 6, #01-25 S(417883)

REG NO: 201327079M

DATE	3/7/2018
VEHICLE NO:	SKD 5167 T
MAKE:	VW
MODEL:	PASSAT

STEVEN TAN JOO HIU

TPAYA  
Ashes:

WVWZZZ3CZDE067575

QUANTITY	DESCRIPTION	UNIT	AMOUNT
1 PC	REAR BUMPER -NETT <i>rehand</i>	1,580.00	1,580.00 ✓
1 PC	REAR BUMPER LOWER GARNISH - NETT <i>rehand</i>	295.00	295.00 ✓
1 PC	REAR BUMPER CHROME L/H - NETT <i>part</i>	195.00	195.00 ✓
1 PC	REAR BUMPER CHROME R/H - NETT <i>part</i>	195.00	195.00 ✓
2 PCS	REVERSE SENSOR - NETT <i>rehand</i>	194.00	388.00 ✓
1 PC	REAR BUMPER REINFORCEMENT -NETT <i>Best</i>	467.00	467.00 ✓
1 PC	REAR BUMPER BEAM - NETT <i>rehand</i>	139.00	139.00 ✓
2 PCS	REAR BUMPER SIDE RETAINER - NETT <i>Need Me</i>	65.00	130.00 ✓
-	1 SET NUMBER PLATE AND HOLDER <i>Best</i>	120.00	<del>120.00</del> 60 ✓
-	TO REMOVE AND REFIX INNER TRIMS, FITTINGS AND BOARD TO FACILITATE REPAIR WORK	180.00	<del>180.00</del> 40 ✓
-	TO RESTORE END PANEL INCLUDE KNOCKING AND HEATING TO REPLACE, INSTALL AND ALIGN ABOVE ITEMS TO SYMMETRICAL SPEC.	650.00	<del>650.00</del> 250 200 ✓
-	TO SPRAY PAINT INNER PANEL AND REAR BUMPER	750.00	<del>750.00</del> 250 200 ✓
-	TO CARRY OUT MANAGEMENT SCAN AND RESET FAULT CODE	280.00	<del>280.00</del> 50 ✓
-	TO SUPPLY AND TUFF KOTE ON AFFECTED PARTS	120.00	120.00 ✓
-	TO CARRY OUT WIRE CHECKING ON AFFECTED PARTS	120.00	<del>120.00</del> 30 ✓

3259  
Len 5% 3096.05

680

K Auto Consultants hence notify  
 Repairer of the following:  
 To resurvey before/after spray painting  
 To display damaged part(s) during resurvey  
 Parts prices are subject to confirmation  
 Third party survey is on a "Without Prejudice" basis  
 No illegal modification(s) is allowed  
 Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer  
 Signature:  
 Date:

total: 3776.05  
 1/s: 3K  
 03 Days

Adrian King  
 2/s 03/07/18  
 03 Days

3K

S.3096.05

Tel: 6745 5783 Fax: 6744 9582  
 Email: sinhweemotor@gmail.com  
 Website: www.sinhweemotor.com

**TOTAL** \$5,609.00

## ◀ Service Request Details

Claim

S8M00MV1

Reference

None ✎

Loss Date

June 29, 2018

*07/2018 @ 3:40pm*

Request Date

July 3, 2018

*Khim vehin*

*estimate done will direct call action*

Due Date

July 10, 2018

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pending verification - Direct Settlement

### Actions

Next Step

Agree to perform service

Decline Work

Accept Work

### Vehicle Information

Incident Vehicle Registration #

SKD5167T

Make

TPVD VOLKSWAGEN

## Model

PASSAT 1.4 TSI DSG 3623A7

## Service Address

...

## Primary Contact/Insured

MS CARZ LEASING PTE LTD  
255 LAVENDER STREET, 338791, Singapore  
98520327  
HAN@MSCARZLEASING.COM.SG

## Claim Handler

CHAN Kian Chuan  
6568804269  
kianchuan.chan@axa.com.sg

## Additional Instructions

[Messages](#)[Invoices](#)[History](#)[Documents](#)[Assessment](#)[Metrics](#)[Notes](#)[New Message](#)

KIAN HUAN

 **MANDATE REQUEST FOR S8M00MV1**

Type

 Question

Message

Liability: Insured rear ended third party vehicle. Spoken to insured and he aware that his NCD is affected and AXA to settle at best. Settlement: Repair Cost : \$3,000.00 Loss of Rental: \$300.00 (3days x \$100) LTA Search Fee: \$7.45 Total: \$3,307.45 Immediate Advice with Mandate and marked estimate uploaded for your easy reference. Please kindly let us have your approval / instruction if any. Thank you - Asher Sng  
(13/08/2018)

[Reply](#)

« **Re:MANDATE REQUEST FOR S8M00MVI**

Type

🔗 Question

Message

PLS PROCEED FOR DS, QUANTUM AS PROPOSED.

Reply

**THIRD PARTY EXPRESS SETTLEMENT  
(PAYMENT BREAKDOWN)**

Vehicle No:	SJQ 6121L (Insd veh)	Model:	VOLKSWAGEN PASSAT 1.4 TSI DSG 3623A7
	SKD 5167T (TP veh)		
Date of Accident:	29/06/2018		

Global Sum Settlement	:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Repair Estimate	:	\$	5,609.00	
Final Repair Cost	:	\$	3,000.00	
Loss of Use	:	\$		days at \$00.00 per day
Rental (if any)	:	\$	300.00	days
LTA / GIA Search Fee	:	\$	7.45	

Others: : \$

Final Settlement Sum : \$ 3,307.45

Is Third Party Workshop GIA Registered?  YES  NO (Kindly indicate below)

A) For Non GIA Registered Workshop: Agreed Liability \_\_\_\_ 100 \_\_\_\_ (%)

B) For GIA Registered Workshop: BOLA Applicable: Yes/ No BOLA Scenario No: \_\_\_\_

BOLA Liability: \_\_\_\_ (%) Assessed Liability (\*): \_\_\_\_ (%)

\* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.

Remarks  
\_\_\_\_\_  
\_\_\_\_\_

<b>Payment Instruction: Payee's Breakdown</b>			
1)	SIN HWEE MOTOR PTE LTD	: \$	3,307.45

NUR SHAQILAH BTE ABDOL  
WAHAB

27/09/2018

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))

## << Service Request Details

Claim **S8M00MV1**

Reference

CC4/ASM18012163/Aeb3s2  Loss Date

June 29, 2018 Request Date

July 3, 2018 Due Date

July 3, 2019 Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP) Type of Loss

Third Party Vehicle Damage Services

Pending verification - Direct Settlement

### Actions

Next Step **Finish the work** Complete Work

[More](#)

### Document Type

Document SubType

[Upload Documents](#)

### Vehicle Information

Incident Vehicle **SKD5167T**

Registration #

Make	Service Address
TPVD VOLKSWAGEN	Model ***
PASSAT 1.4 TSI DSG 3623A7	Primary Contact/Insured

MS CARZ LEASING PTE LTD  
255 LAVENDER STREET, 338791, Singapore  
98520327  
HAN@MSCARZLEASING.COM.SG

### Claim Handler

CHAN Kian Chuan  
6568804269  
kianchuan.chan@axa.com.sg

### Additional Instructions

[Messages](#) [Invoices](#) [History](#) [Documents](#)  
[Assessment](#) [Metrics](#) [Notes](#)

NAME	TYPE	SUB-TYPE	AUTHOR	DATE UPLOADED
LTA SEARCH.pdf	Reports & Statement	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	August 13, 2018

<< Service Request Details

Claim	S8M00MV1
Reference	
CC4/ASM18012163/Aeb3s2 	Loss Date
June 29, 2018	Request Date
July 3, 2018	Due Date
July 3, 2019	Vendor Name
LKK AUTO CONSULTANTS PTE LTD (TP)	Type of Loss
Third Party Vehicle Damage	Services
Pending verification - Direct Settlement	

**Actions**

Next Step: **Finish the work** Complete Work

[Add](#)

[More](#)

Vehicle Information

Incident Vehicle	SKD5167T
Registration #	
Make	Service Address
TPVD VOLKSWAGEN	Model
PASSAT 1.4 TSI DSG 3623A7	Primary Contact/Insured

MS CARZ LEASING PTE LTD  
 255 LAVENDER STREET, 338791, Singapore  
 98520327  
 HAN@MSCARZLEASING.COM.SG

Claim Handler

CHAN Kian Chuan  
 6568804269  
 kianchuan.chan@axa.com.sg

Additional Instructions

- Messages
- Invoices
- History
- Documents
- Assessment
- Metrics
- Notes

CREATED USER	VERSION DATE	ESTIMATED AMOUNT	APPROVED AMOUNT	STATUS	SHARE	CLONE
User Portal	9/27/18 4:46 PM	3000	3000	Open	<a href="#">Share</a>	<a href="#">Clone</a>



SERVICE REQUESTS

MESSAGES

CLAIMS

**<< Assessment Details**

General &amp; Workshop Details

Vehicle &amp; Driver Details

Vehicle Condition

Taxes &amp; Ratio

Parts &amp; Labour

Miscellaneous

Summary

## Vehicle &amp; Driver Details

Vehicle Registration# SKD5167T

Purchase Date Registration State Registration Date \* Mileage 

Age of Vehicle 5

CATEGORY	POLICY INFORMATION	ASSESSMENT INFORMATION
Manufacturing Year		<input type="text" value="2012"/>
Make	TPVD VOLKSWAGEN	<input type="text" value="VOLKSWAGEN"/>
Model	PASSAT 1.4 TSI DSG 3623A7	<input type="text" value="PASSAT 1.4 TSI DSG 3623A7"/>
Type		<input type="text"/>
Type of Paint		<input type="text"/>
Chassis No		<input type="text" value="WVWZZZ3CZDE067575"/>
Engine No		<input type="text" value="CAXC46996"/>
Engine Capacity		<input type="text" value="1390 cc"/>

## Driver Details

CATEGORY	FNOL INFORMATION	POST SURVEY INFORMATION
Driver Name	SIEW FERN KOO	<input type="text"/>
Date of Birth	February 21, 1967	<input type="text" value="mm/dd/yyyy"/>
Age	51	
Occupation	Unknown	<input type="text"/>
Education Qualification	Other	<input type="text"/>
Driving Experience	0	
Driver License #		<input type="text"/>



SERVICE REQUESTS

MESSAGES

CLAIMS



## Assessment Details

General &amp; Workshop Details

Vehicle &amp; Driver Details

Vehicle Condition

Taxes &amp; Ratio

Parts &amp; Labour

Miscellaneous

Summary

## Detailed Assessment

Inspection Date \*

07/03/2018



Total Loss:

Yes No

Towing Charges

0

Voluntary Excess

0

Compulsory Excess

0

Young/Inexperienced/Unlicensed Driver Excess

0

Other Excess

## Condition of Vehicle at time of survey

General condition

Good ▾

Steering (Serviceable)

Yes No

Footbrake (Serviceable)

Yes No

Handbrake (Serviceable)

Yes No

Engine Modification

Yes No

Pre-accident condition

Good ▾

## Tyre Condition

Age of Tyres

Front Tyre Size

215/55R16

Front left side

MICHELIN 6mm

Front right side

MICHELIN 6mm

Spare wheel

Rear Tyre Size

215/55R16

Rear left side

MICHELIN 6mm

Rear right side

MICHELIN 6mm

SERVICE REQUESTS

MESSAGES

CLAIMS

## Assessment Details

General &amp; Workshop Details

Vehicle &amp; Driver Details

Vehicle Condition

Taxes &amp; Ratio

Parts &amp; Labour

Miscellaneous

Summary

Parts

	EDIT	SR NO	QUANTITY	MATERIAL	SIDE	PART NAME	PART NUMBER	REPAIR/REPLACE (PARTS)	CONDITION	LIST PRICE	DEPR/ BTTR%	DISC COUNT%	SALV AGEN%	PART PRICE(NET)	ACTION (PARTS)	REMOVE
		1	1			REAR BUMPER			Deformed	1580		5		1501	Reviewing	
		2	1			REAR BUMPER LOWER GARNISH			Deformed	295		5		280.25	Reviewing	
		3	1			REAR BUMPER CHROME LH			Cut	195		5		185.25	Reviewing	
		4	1			REAR BUMPER CHROME RH			Cut	195		5		185.25	Reviewing	
		5	2			REVERSE SENSOR			Damaged	194		5		368.6	Reviewing	
		6	1			REAR BUMPER REINFORCEMENT			Bent	467		5		443.65	Reviewing	
		7	1			REAR BUMPER BEAM			Deformed	139		5		132.05	Reviewing	
		8	2			REAR BUMPER SIDE RETAINER			Serviceable	0		5		0	Reviewing	

Labour

	EDIT	SR NO	REPAIR/REPLACE (LABOUR)	PART NAME	LABOUR R&R	LABOUR REPAIR	PAINT	ACTION (LABOUR)	COMMENT	REMOVE
		1		TO REMOVE AND REFIX INNER TRIMS, FITTINGS AND BOARD TO FACILITATE REPAIR WORK.	40	0	0	Reviewing		
		2		TO RESTORE END PANEL INCLUDE KNOCKING AND HEATING TO REPLACE, INSTALL AND ALIGN ABOVE ITEMS TO SYMMETRICAL SPEC.	250	0	0	Reviewing		
		3		TO SPRAY PAINT INNER PANEL AND REAR BUMPER.	250	0	0	Reviewing		

SERVICE REQUESTS

MESSAGES

CLAIMS

## << Assessment Details

General & Workshop Details   Vehicle & Driver Details   Vehicle Condition   Taxes & Ratio   Parts & Labour   Miscellaneous   Summary

EDIT	SR NO	NAME	ACTION	AMOUNT	COMMENT	REMOVE
	1	DAYS OF REPAIR	Reviewing		3	
	2	SET NUMBER PLATE AND HOLDER	Reviewing	60	BENT	

SERVICE REQUESTS

MESSAGES

CLAIMS

<< **Assessment Details**

- General & Workshop Details
- Vehicle & Driver Details
- Vehicle Condition
- Taxes & Ratio
- Parts & Labour
- Miscellaneous
- Summary

Claim Amount \$3,776.05

Claim Amount \$3,776.05

CATEGORY	ESTIMATE	REVISED AMOUNT
Spare Parts	\$3,096.05	\$3,096.05
Labour	\$620.00	\$620.00
Miscellaneous	\$60.00	\$60.00

Submit for Review

SERVICE REQUESTS

MESSAGES

CLAIMS

## << Assessment Details

General & Workshop Details   Vehicle & Driver Details   Vehicle Condition   Taxes & Ratio   Parts & Labour   Miscellaneous   Summary

       

EDIT	SR NO	NAME	ACTION	AMOUNT	COMMENT	REMOVE
	1	FINAL LUMP SUM	Reviewing	3000		