

|                                              |                                   |                                    |                                               |                                                                         |
|----------------------------------------------|-----------------------------------|------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------|
| <b>FINALIZATION</b>                          |                                   | Date/Time:                         | Confirm with:                                 | Confirm by: <b>XGQ</b>                                                  |
| Repair Cost:                                 | <b>P/P \$500.00</b>               | ( <b>3</b> days)                   | Reduction: <b>80%</b>                         | Email <input type="checkbox"/> Call <input type="checkbox"/>            |
| <b>FINAL SETTLEMENT</b>                      |                                   | Date/Time: 26.05.20                | Confirm with: <b>BEN</b>                      | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| Final Liability:                             | <b>100%</b>                       | % <b>50</b>                        | (Agreed / Assessed) BOLA S/N No. : <b>24a</b> | If NO or B 28, Ass. Lia :                                               |
| Repair Cost: w/GST                           | <b>\$535.00</b>                   | <b>\$267.50</b>                    | <b>BOTH PARTY REVERSED</b>                    |                                                                         |
| Loss of Rental (LOR):                        | <b>\$195.00</b>                   | <b>\$97.50</b>                     | ( <b>3</b> days) X <b>\$65</b>                |                                                                         |
| Loss of Use (LOU):                           | -                                 | \$ -                               | (\$ x days)                                   |                                                                         |
| Loss of Income (LOI):                        | -                                 | \$ -                               | (\$ x days)                                   |                                                                         |
| LOR only <input checked="" type="checkbox"/> | LOU only <input type="checkbox"/> | LOR + LOU <input type="checkbox"/> | LOR + LOI <input type="checkbox"/>            | <b>[Tick only one]</b>                                                  |
| GIA/LTA Search                               | <b>\$ 2.00</b>                    | <b>\$2.00</b>                      |                                               |                                                                         |
| Medical:                                     | -                                 | \$ -                               |                                               | 1) Claim status: Normal/ <del>Reject/Private Settle</del>               |
| Disbursement:                                | -                                 | \$ -                               | (e.g. Tow/ Independent )                      | 2) Report Format: <b>TP</b>                                             |
| Legal Cost                                   | -                                 | \$ -                               |                                               | 3) Survey fee: <b>\$ 450</b>                                            |
| <b>Total:</b>                                | <b>\$ 732.00</b>                  | <b>\$367.00</b>                    | <b>Global Sum \$\$: 370.00</b>                |                                                                         |
| <b>FINAL PAYMENT</b>                         |                                   | Date/Time: 26.05.20                | Confirm with: <b>BEN</b>                      | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| Payee 1:                                     | <b>\$370.00</b>                   | Name 1:                            | <b>ALLSWELL MOTOR TRADERS</b>                 |                                                                         |
| Payee 2: (Strike if N.A.)                    | \$                                | Name 2:                            |                                               |                                                                         |
| Payee 3: (Strike if N.A.)                    | \$                                | Name 3:                            |                                               |                                                                         |