

*CLAIMANT DID NOT SEND IN THE VEHICLE FOR REPAIR.

FINALIZATION		Date/Time:	Confirm with:	Confirm by: KSC
Repair Cost:	P/P	S\$ 848.32	(2 days) Reduction:	61 % EXCLUDE CHECK ITEM \$141.44 Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT		Date/Time: 24.04.20	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% 100	(Agreed / Assessed)	BOLA S/N No. : 15	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ -	OI CHANGED LANE HIT TP		
Loss of Rental (LOR):	S\$ -	(days)	
Loss of Use (LOU):	S\$ -	(\$	x	days)
Loss of Income (LOI):	S\$ -	(\$	x	days)
LOR only <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/>	[Tick only one]
GIA/LTA Search	S\$ -			
Medical:	S\$ -	1) Claim status: Normal/ Reject/Private Settle		
Disbursement:	S\$ -	(e.g. Tow/ Independent)		2) Report Format: TP / WP
Legal Cost	S\$ -			3) Survey fee: \$ 290
Total:	S\$ -	Global Sum S\$:		
FINAL PAYMENT		Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$	Name 1:		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		