LKK REF NO:

FINALIZATION	Date/Time:		Confirm with:	Confirm by: CTY	
Repair Cost:	S$ (days)	Reduction: %		Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 21.05.20	Confirm with		Email ☐ Call ☐	
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. NIL		If NO or B 28, Ass. Lia :	
Repair Cost:	S$ -				
Loss of Rental (LOR):	S$ - (days)				
Loss of Use (LOU):	S$ - ($ x days)				
Loss of Income (LOI):	S$ - ($ x days)				
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐	[**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 / PRI
Legal Cost	S$ -			3) Survey fee:	$ 100
Total:	**S$ -**	**Global Sum S$:**			
FINAL PAYMENT	Date/Time:	Confirm with:		Email ☐ Call ☐	
Payee 1:	S$	Name 1:			
Payee 2: (Strike if N.A.)	S$	Name 2:			
Payee 3: (Strike if N.A.)	S$	Name 3:			