

NOTE: TO BE COMPLETED BY SURVEYOR

TEAM \_\_\_\_\_

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

<b>Vehicle No:</b>	SMN3770M (Insd veh)	<b>Model:</b>	RENAULT LATITUDE 2.0 D DCI (A)
	SHC5601Y (TP veh)		
<b>Date of Accident:</b>	10/08/2019		

Global Sum Settlement	:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Repair Estimate	:\$	<b>47,843.30</b>	
Final Repair Cost	:\$	2,900.00	
Loss of Use	:\$	3.00 days at \$50.00 per day	
Rental (if any)	:\$	3 days	
LTA / GIA Search Fee	:\$		
Others:	:\$		
	:\$		
Final Settlement Sum (Global Sum)	:\$	2,900.00	
<b>Is Third Party Workshop GIA Registered?</b>	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	(Kindly indicate below)
<b>A) For <u>Non GIA Registered Workshop</u>:</b>	Agreed Liability ____ 100 ____ (%)		
<b>B) For <u>GIA Registered Workshop</u>:</b>	BOLA Applicable: Yes/ No BOLA Scenario No: ____		
BOLA Liability: ____ (%)	Assessed Liability (*): ____ (%)		
<i>* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.</i>			
Remarks	_____		
	_____		

Payment Instruction: Payee's Breakdown			
1)	Trans-cab Auto Services Pte Ltd	:\$	2,900.00
2)		:\$	
3)		:\$	
4)		:\$	

\_\_\_\_\_  
JOANNE LEE KHANG MIN

LKK Auto Consultants Pte Ltd

\_\_\_\_\_  
16 Feb  
2021

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))**