

LKK REF NO: CC3/CT119020724/Kea3

|                                   |                                   |                                                           |                                               |                 |                                                                         |                                                              |
|-----------------------------------|-----------------------------------|-----------------------------------------------------------|-----------------------------------------------|-----------------|-------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>FINALIZATION</b>               |                                   | Date/Time:                                                | Confirm with:                                 |                 | Confirm by: <b>KSC</b>                                                  |                                                              |
| Repair Cost:                      | <b>P/P</b>                        | <b>S\$ 345.00</b>                                         | ( <b>1</b> days)                              | Reduction:      | <b>99 %</b>                                                             | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b>           |                                   | Date/Time: <b>28.04.20</b>                                | Confirm with <b>WAI YIN</b>                   |                 | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |                                                              |
| Final Liability:                  | % <b>100</b>                      | (Agreed / Assessed) BOLA S/N No. : <b>NIL</b>             |                                               |                 | If NO or B 28, Ass. Lia :                                               |                                                              |
| Repair Cost: w/GST                | <b>S\$ 369.15</b>                 | OID REVERSED HIT TP                                       |                                               |                 |                                                                         |                                                              |
| Loss of Rental (LOR):             | <b>S\$ 243.39</b>                 | ( <b>3</b> days)                                          | <b>X \$81.13</b>                              |                 |                                                                         |                                                              |
| Loss of Use (LOU):                | <b>S\$ -</b>                      | ( \$ x days)                                              |                                               |                 |                                                                         |                                                              |
| Loss of Income (LOI):             | <b>S\$ 150.00</b>                 | ( \$ <b>50</b> x <b>3</b> days)                           |                                               |                 |                                                                         |                                                              |
| LOR only <input type="checkbox"/> | LOU only <input type="checkbox"/> | LOR + LOU <input type="checkbox"/>                        | LOR + LOI <input checked="" type="checkbox"/> | [Tick only one] |                                                                         |                                                              |
| GIA/LTA Search                    | <b>S\$ 7.49</b>                   |                                                           |                                               |                 |                                                                         |                                                              |
| Medical:                          | <b>S\$ -</b>                      | 1) Claim status: Normal/ <del>Reject/Private Settle</del> |                                               |                 |                                                                         |                                                              |
| Disbursement:                     | <b>S\$ -</b>                      | (e.g. Tow/ Independent )                                  |                                               |                 | 2) Report Format:                                                       | <b>TP</b>                                                    |
| Legal Cost                        | <b>S\$ -</b>                      |                                                           |                                               |                 | 3) Survey fee:                                                          | <b>\$ 400</b>                                                |
| <b>Total:</b>                     |                                   | <b>S\$ 770.03</b>                                         | <b>Global Sum S\$:770.00</b>                  |                 |                                                                         |                                                              |
| <b>FINAL PAYMENT</b>              |                                   | Date/Time: <b>28.04.20</b>                                | Confirm with: <b>WAI YIN</b>                  |                 | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |                                                              |
| Payee 1:                          | <b>S\$ 770.00</b>                 | Name 1:                                                   | <b>TRANS-CAB AUTO SERVICES PTE LTD</b>        |                 |                                                                         |                                                              |
| Payee 2: (Strike if N.A.)         | <b>S\$</b>                        | Name 2:                                                   |                                               |                 |                                                                         |                                                              |
| Payee 3: (Strike if N.A.)         | <b>S\$</b>                        | Name 3:                                                   |                                               |                 |                                                                         |                                                              |