

LKK REF NO: CC4/LPC20000326/Hea3

FINALIZATION		Date/Time:	Confirm with:	Confirm by: LHA
Repair Cost:	P/P	S\$ 15,755.20	(11 days) Reduction:	43 % EXCLUDE CHECK ITEM \$2,787 Email ☐ Call ☐
FINAL SETTLEMENT		Date/Time: 19.05.20	Confirm with:	Email ☐ Call ☐
Final Liability:	% -	(Agreed / Assessed) BOLA S/N No. :		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
Legal Cost	S\$ -			3) Survey fee: \$ 350
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:		

*TP CONVERT TO OD CLAIM