

LKK REF NO: CC4/FCI20001798/Kea3q2

|                                   |                                              |                                                           |                                    |                                                                         |
|-----------------------------------|----------------------------------------------|-----------------------------------------------------------|------------------------------------|-------------------------------------------------------------------------|
| <b>FINALIZATION</b>               |                                              | Date/Time:                                                | Confirm with:                      | Confirm by: <b>KSC</b>                                                  |
| Repair Cost:                      | L/S                                          | S\$ 5,200.00                                              | ( 16 days) Reduction: 63 %         | Email <input type="checkbox"/> Call <input type="checkbox"/>            |
| <b>FINAL SETTLEMENT</b>           |                                              | Date/Time: 29.06.20                                       | Confirm with SUSAN                 | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| Final Liability:                  | % 100                                        | (Agreed / Assessed) BOLA S/N No. : NIL                    |                                    | If NO or B 28, Ass. Lia :                                               |
| Repair Cost:                      | S\$ 5,200.00                                 | OID HIT TP PARKED VEHICLE                                 |                                    |                                                                         |
| Loss of Rental (LOR):             | S\$ -                                        | ( days)                                                   |                                    |                                                                         |
| Loss of Use (LOU):                | S\$ 950.00                                   | (\$ 60 x 19 days)                                         |                                    |                                                                         |
| Loss of Income (LOI):             | S\$ -                                        | (\$ x days)                                               |                                    |                                                                         |
| LOR only <input type="checkbox"/> | LOU only <input checked="" 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/ <del>Reject/Private Settle</del> |                                    |                                                                         |
| Disbursement:                     | S\$ -                                        | (e.g. Tow/ Independent )                                  |                                    | 2) Report Format: TP                                                    |
| Legal Cost                        | S\$ -                                        |                                                           |                                    | 3) Survey fee: \$ 500                                                   |
| <b>Total:</b>                     |                                              | S\$ 6,340.00                                              | <b>Global Sum S\$:</b>             |                                                                         |
| <b>FINAL PAYMENT</b>              |                                              | Date/Time: 29.06.20                                       | Confirm with: SUSAN                | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| Payee 1:                          | S\$ 6,340.00                                 | Name 1:                                                   | SLP MOTORING SERVICES              |                                                                         |
| Payee 2: (Strike if N.A.)         | S\$                                          | Name 2:                                                   |                                    |                                                                         |
| Payee 3: (Strike if N.A.)         | S\$                                          | Name 3:                                                   |                                    |                                                                         |