

|                                   |                                   |                                              |                                               |                                                                         |
|-----------------------------------|-----------------------------------|----------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------|
| <b>FINALIZATION</b>               |                                   | Date/Time:                                   | Confirm with:                                 | Confirm by: <b>RAM</b>                                                  |
| Repair Cost:                      | <b>P/P</b>                        | <b>S\$ 635.00</b>                            | ( <b>2</b> days) Reduction: <b>66 %</b>       | Email <input type="checkbox"/> Call <input type="checkbox"/>            |
| <b>FINAL SETTLEMENT</b>           |                                   | Date/Time: <b>04.08.20</b>                   | Confirm with <b>CATHERINE</b>                 | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| Final Liability:                  | % <b>100</b>                      | (Agreed / Assessed) BOLA S/N No. : <b>27</b> |                                               | If NO or B 28, Ass. Lia :                                               |
| Repair Cost:                      | <b>w/GST</b>                      | <b>S\$ 679.45</b>                            | <b>OID REAR ENDED TP</b>                      |                                                                         |
| Loss of Rental (LOR):             | <b>S\$ 438.17</b>                 | ( <b>3.5</b> days) X <b>\$125.19</b>         |                                               |                                                                         |
| Loss of Use (LOU):                | <b>S\$ -</b>                      | ( \$ x days)                                 |                                               |                                                                         |
| Loss of Income (LOI):             | <b>S\$ 175.00</b>                 | ( \$ <b>50</b> x 3.5 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\$ 1,300.11</b>                          | <b>Global Sum S\$:1,300.00</b>                |                                                                         |
| <b>FINAL PAYMENT</b>              |                                   | Date/Time: <b>04.08.20</b>                   | Confirm with: <b>CATHERINE</b>                | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| Payee 1:                          | <b>S\$ 1,300.00</b>               | Name 1:                                      | <b>COMFORTDELGRO ENGINEERING 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:                                      |                                               |                                                                         |