

LKK REF NO: CC3/AXA12019584/Kea3-1

|                                   |                                   |                                    |                                               |                                                                         |
|-----------------------------------|-----------------------------------|------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------|
| <b>FINALIZATION</b>               |                                   | Date/Time:                         | Confirm with:                                 | Confirm by: <b>KSC</b>                                                  |
| Repair Cost:                      | L/S                               | S\$ 2,150.00                       | ( 2 days) Reduction: 73 %                     | Email <input type="checkbox"/> Call <input type="checkbox"/>            |
| <b>FINAL SETTLEMENT</b>           |                                   | Date/Time: 27.04.20                | Confirm with: WAI YIN                         | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| Final Liability:                  | % 100                             | (Agreed / Assessed)                | BOLA S/N No. : 28                             | If NO or B 28, Ass. Lia : 0%                                            |
| Repair Cost: w/GST                | S\$ 2,300.50                      |                                    | 3VEH CC OID 2ND                               |                                                                         |
| Loss of Rental (LOR):             | S\$ 365.94                        | ( 4.5 days)                        | X \$81.32                                     |                                                                         |
| Loss of Use (LOU):                | S\$ -                             | (\$ x days)                        |                                               |                                                                         |
| Loss of Income (LOI):             | S\$ 225.00                        | (\$ 50 x 4.5 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                    | S\$ 6.00                          |                                    |                                               |                                                                         |
| 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: \$ 350 - \$250 (AC1315277)                               |
| <b>Total:</b>                     | S\$ 2,897.44                      | <b>Global Sum S\$:</b>             |                                               |                                                                         |
| <b>FINAL PAYMENT</b>              |                                   | Date/Time: 27.04.20                | Confirm with: WAI YIN                         | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| Payee 1:                          | S\$ 2,897.44                      | Name 1:                            | TRANS-CAB AUTO SERVICES PTE LTD               |                                                                         |
| Payee 2: (Strike if N.A.)         | S\$                               | Name 2:                            |                                               |                                                                         |
| Payee 3: (Strike if N.A.)         | S\$                               | Name 3:                            |                                               |                                                                         |