

| Date/ Time  |                                   | STAGE   |   | DATE / PIC                                    |  |
|---|-----------------------------------|---|---|---|--|
|   |                                   | Non-Reporting ltr (1st):                        |   |   |  |
|   |                                   | Non-Reporting ltr (2nd):                        |   |   |  |
|   |                                   | Non-Reporting ltr (Final):                      |   |   |  |
|   |                                   | Notification ltr (if non-pickup):               |   |   |  |
|   |                                   | Call OI:  |   |   |  |
|   |                                   | After call ltr to OI:                           |   |   |  |
|   |                                   | <b>Documentation Check List: Handler Typist</b> |   |   |  |
|   |                                   | Notification ltr (if non-pickup)                | <input type="checkbox"/>                      | <input type="checkbox"/>                      |  |
|   |                                   | After call ltr to OI:                           | <input checked="" type="checkbox"/>           | <input type="checkbox"/>                      |  |
|   |                                   | Authorisation To Act:                           | <input checked="" type="checkbox"/>           | <input type="checkbox"/>                      |  |
|   |                                   | Release Voucher:                                | <input checked="" type="checkbox"/>           | <input type="checkbox"/>                      |  |
|   |                                   | Final Repair Bill:                              | <input checked="" type="checkbox"/>           | <input type="checkbox"/>                      |  |
|   |                                   | Car Rental Invoice:                             | <input checked="" type="checkbox"/>           | <input type="checkbox"/>                      |  |
|   |                                   | Towing Invoice                                  | <input type="checkbox"/>                      | <input type="checkbox"/>                      |  |
|   |                                   | LTA / GIA :                                     | <input checked="" type="checkbox"/>           | <input type="checkbox"/>                      |  |
|   |                                   | Medical Bill:                                   | <input type="checkbox"/>                      | <input type="checkbox"/>                      |  |
|   |                                   | PIR:  | <input type="checkbox"/>                      | <input type="checkbox"/>                      |  |
|   |                                   | Mandate/Reject Instruction:                     | <input type="checkbox"/>                      | <input type="checkbox"/>                      |  |
|   |                                   | LOD   | <input checked="" type="checkbox"/>           | <input type="checkbox"/>                      |  |
|   |                                   | Payment Breakdown Form:                         | <input type="checkbox"/>                      | <input type="checkbox"/>                      |  |
|   |                                   | Post-Repair Photos:                             | <input type="checkbox"/>                      | <input type="checkbox"/>                      |  |
|   |                                   | Others:   | <input type="checkbox"/>                      | <input type="checkbox"/>                      |  |
| <b>PRELIMINARY ADVICE</b> Date/Time: Sent By:   |                                   |   |   |   |  |
| <b>FINALIZATION</b> Date/Time: Confirm with: Confirm by:  |                                   |   |   |   |  |
| Repair Cost:  | L/S                               | S\$ 14,000                                      | ( 12 days)                                    | Reduction: 31,998.69/70%                      | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b> Date/Time: 25/9/2020 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 : 100                                |
| Repair Cost:  | (w/ GST)                          | S\$ 14,980.00                                   |   |   |  |
| Loss of Rental (LOR):   | S\$                               | 1,621.05  | ( 15 days)                                    | X \$108.07                                    | 3 VEH C.C, OI LAST VEH                                       |
| Loss of Use (LOU):  | S\$                               |   | ( \$ x days)                                  |   |  |
| Loss of Income (LOI):   | S\$                               | 750.00  | ( \$ 50 x 15 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\$                               |   |   |   |  |
| Disbursement:   | S\$                               |   | (e.g. Tow/ Independent )                      | 1) Claim status: Normal/Reject/Private Settle |  |
| Legal Cost  | S\$                               |   | 2) Report Format:                             |   | WP SUBMITTED EARLIER   |
|   |                                   |   | 3) Survey fee:                                |   |  |
| <b>Total:</b>   | S\$                               | 17,357.05                                       | <b>Global Sum S\$:</b>                        | 17,350.00                                     |  |
| <b>FINAL PAYMENT</b> Date/Time: Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>                                |                                   |   |   |   |  |
| Payee 1:  | S\$                               | 17,350.00                                       | 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:                                       |   |  |