

|                                                                                                                                                                      |                                                  |                                               |                                           |                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------|-------------------------------------------|-------------------------------|
| Date/ Time                                                                                                                                                           |                                                  |                                               |                                           |                               |
|                                                                                                                                                                      | SMR 3768A - X                                    | STAGE                                         | DATE / PIC                                |                               |
|                                                                                                                                                                      | SHA 7925K - CC3/AXA11007328/H1n1dc1 ; 18/04/2011 | Non-Reporting ltr (1st):                      |                                           |                               |
|                                                                                                                                                                      | CC4/III18005442/Uhb3q2 ; 21/03/2018              | Non-Reporting ltr (2nd):                      |                                           |                               |
|                                                                                                                                                                      | CC4/III19003831/Gpa3q2 ; 28/12/2018              | Non-Reporting ltr (Final):                    |                                           |                               |
|                                                                                                                                                                      | CC4/III20001348/Kps3 ; 14/01/2020                | Notification ltr (if non-pickup):             |                                           |                               |
|                                                                                                                                                                      | CS/III19011800/Kvd3n2 ; 01/07/2019               | Call OI:                                      |                                           |                               |
|                                                                                                                                                                      | CS/QW12005855/H1y1 ; 21/03/2012                  | After call ltr to OI:                         |                                           |                               |
|                                                                                                                                                                      | CS/RSI14011653/Sgbu2 ; 19/06/2014                | Documentation Check List: Handler Typist      |                                           |                               |
|                                                                                                                                                                      | CS/SMO19021585/Dsf3n2 ; 05/12/2019               | Notification ltr (if non-pickup)              | <input type="checkbox"/>                  | <input type="checkbox"/>      |
|                                                                                                                                                                      | NA/MSG19013141/h4 ; 24/07/2019                   | After call ltr to OI:                         | <input type="checkbox"/>                  | <input type="checkbox"/>      |
|                                                                                                                                                                      | NBA/INC17021198/Y ; 04/11/2017                   | Authorisation To Act:                         | <input type="checkbox"/>                  | <input type="checkbox"/>      |
|                                                                                                                                                                      |                                                  | Release Voucher:                              | <input type="checkbox"/>                  | <input type="checkbox"/>      |
|                                                                                                                                                                      |                                                  | Final Repair Bill:                            | <input type="checkbox"/>                  | <input type="checkbox"/>      |
|                                                                                                                                                                      |                                                  | Car Rental Invoice:                           | <input type="checkbox"/>                  | <input type="checkbox"/>      |
|                                                                                                                                                                      |                                                  | Towing Invoice                                | <input type="checkbox"/>                  | <input type="checkbox"/>      |
|                                                                                                                                                                      |                                                  | LTA / GIA :                                   | <input 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 type="checkbox"/>                  | <input type="checkbox"/>      |
|                                                                                                                                                                      |                                                  | Payment Breakdown Form:                       | <input type="checkbox"/>                  | <input type="checkbox"/>      |
| PRELIMINARY ADVICE Date/Time:                                                                                                                                        |                                                  | Sent By:                                      | Post-Repair Photos:                       | <input type="checkbox"/>      |
|                                                                                                                                                                      |                                                  |                                               | Others:                                   | <input type="checkbox"/>      |
| FINALIZATION                                                                                                                                                         | Date/Time:                                       | Confirm with:                                 | Confirm by:                               |                               |
| Repair Cost: L/sum                                                                                                                                                   | S\$ 2,450.00 ( 3 days) Reduction: 80 %           |                                               | Email <input type="checkbox"/>            | Call <input type="checkbox"/> |
| FINAL SETTLEMENT                                                                                                                                                     | Date/Time: 25/03/2022                            | Confirm with HuiQin                           | 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\$ 2,450.00                                     |                                               |                                           |                               |
| Loss of Rental (LOR):                                                                                                                                                | S\$ ( days)                                      |                                               |                                           |                               |
| Loss of Use (LOU):                                                                                                                                                   | S\$ 240.00 (\$80 x 3 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\$ 7.45                                         |                                               |                                           |                               |
| Medical:                                                                                                                                                             | S\$                                              | 1) Claim status: Normal/Reject/Private Gentle |                                           |                               |
| Disbursement:                                                                                                                                                        | S\$ (e.g. Tow/ Independent )                     | 2) Report Format: TP                          |                                           |                               |
| Legal Cost                                                                                                                                                           | S\$                                              | 3) Survey fee: \$500.00                       |                                           |                               |
| Total:                                                                                                                                                               | S\$ 2,697.45                                     | Global Sum S\$: 2,650.00                      |                                           |                               |
| FINAL PAYMENT                                                                                                                                                        | Date/Time:                                       | Confirm with:                                 | Email <input checked="" type="checkbox"/> | Call <input type="checkbox"/> |
| Payee 1:                                                                                                                                                             | S\$ 2,650.00                                     | Name 1: My Car Consultant Pte Ltd             |                                           |                               |
| Payee 2: (Strike if N.A.)                                                                                                                                            | S\$                                              | Name 2:                                       |                                           |                               |
| Payee 3: (Strike if N.A.)                                                                                                                                            | S\$                                              | Name 3:                                       |                                           |                               |