

NOTE: TO BE COMPLETED BY SURVEYOR

TEAM _____

THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

| | | | |
|-------------------|---------------------|--------|--|
| Vehicle No: | SMT2709S (Insd veh) | Model: | RENAULT LATITUDE 2.0 DCI AUTO D/AB 4DR |
| | SHD251B (TP veh) | | (A) |
| Date of Accident: | 22/12/2020 | | |

| | | | | |
|-----------------------------------|---|---|-------------------------------|------------------------------|
| Global Sum Settlement | : | <input checked="" type="checkbox"/> X] Yes | <input type="checkbox"/>] No | |
| Repair Estimate | : | \$ | | 14,585.59 |
| Final Repair Cost | : | \$ | | 6,150.00 |
| Loss of Use | : | \$ | | 5.00 days at \$50.00 per day |
| Rental (if any) | : | \$ | | 5 days |
| LTA / GIA Search Fee | : | \$ | | |
| Others: | : | \$ | | |
| | : | \$ | | |
| Final Settlement Sum (Global Sum) | : | \$ | | 6,150.00 |

Is Third Party Workshop GIA Registered? ☐] YES ☒ X] NO (Kindly indicate below)

A) For Non GIA Registered Workshop: Agreed Liability ____ 100 ____ (%)

B) For GIA Registered Workshop: BOLA Applicable: Yes/ No BOLA Scenario No: ____

BOLA Liability: ____ (%) Assessed Liability (*): ____ (%)

** Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.*

Remarks _____

| Payment Instruction: Payee's Breakdown | | | | |
|--|---------------------------------|---|----|----------|
| 1) | Trans-cab Auto Services Pte Ltd | : | \$ | 6,150.00 |
| 2) | | : | \$ | |
| 3) | | : | \$ | |
| 4) | | : | \$ | |
| 5) | | : | \$ | |

JOANNE LEE KHANG MIN
LKK Auto Consultants Pte Ltd

18 May 2021
Date

Please attach all the supporting documents to the form.

(Final Repair Bill; Rental Invoice; Release Voucher; Authorisation to Act; Survey Report; Medical Report/ Bill (if any)