1/17/22, 1:08 PM Preview

NOTE: TO BE COMPLETED BY SURVEYOR

| $TF \Delta$ | B 4 | | |
|-------------|-----|--|--|
| | | | |

THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

| Veh | icle No: | SMH9386G (Insd veh) | | | | | | | Model: | | | | AUE |) | | | | |
|---|------------------------------|---------------------|------------------|-------|------|--|------------------------|----------------------------|--------|--------|--------|--------|-----------------------------|---------|--------|--------|------|-------|
| | | SDT | SDT282A (TP veh) | | | | | | | | | | | | | | | |
| Date | te of Accident: 31/01/2021 | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| Glol | oal Sum Settleme | nt | . T | 1 | 1 | Yes | | 1 | X] | No | | \neg | | | | | | |
| Repair Estimate | | | | : \$ | | 19,859.20 | | | | | | | | | | | | |
| Final Repair Cost | | | | | : \$ | | | | | _ | | | | | | | | |
| Loss of Use | | | | | : \$ | | 9,015.22 600.00 6.0 | | | | | | 00 days at \$100.00 per day | | | | | |
| | | | | | | : \$ | | | | 0.0 | -+ | days | | | | | | |
| Rental (if any) LTA / GIA Search Fee | | | | | : \$ | | 7.45 | | | | | uays | | | | | | |
| Others: | | | | | : \$ | _ | 0.00 | | | | | | | | | | | |
| Our | 510. | | | | | | : \$ | | | | 0.0 | ,, | | | | | | |
| Final Settlement Sum | | | | | | : \$ | | 9,622.67 | | | | | | | | | | |
| Is Third Party Workshop GIA Registered? | | | | | | | X] | Υ | ES | 1 | 1 | NO | (Kind | ly indi | cate | below) | | |
| A) | | | | | | | | | | ed Lia | bility | / | | (%) | , | | | |
| | | | | | | BOLA Applicable: Yes/ No BOLA Scenario No: | | | | | | | | | | | | |
| B) | For GIA Registered Workshop: | | | | | NIL | | | | | | | | | | | | |
| | BOLA Liability:100(%) | | | | | | | Assessed Liability (*):(%) | | | | | | | | | | |
| | * Assessed Liab | ility to I | be fi | illed | onl | y for ch | ain d | collisi | ons ar | nd for | case | es v | vhere BC | LA do | es not | apply | y. | |
| Ren | narks | | | | | | | | | | | | | | | | _ | |
| | | | | | | | | | | | | | | | | | _ | |
| | | | | | | | | | | | | | | | | | | |
| | ment Instruction | | | | | lown | | | | | | | | | | | | |
| 1) | Premium Autom | nobiles | Pte | : Ltc | ł | | | | | : \$ | _ | | | | | | 9,62 | 22.67 |
| 2) | | | | | | | | | | : \$ | _ | | | | | | | |
| 3) | | | | | | | | | | : \$ | _ | | | | | | | |
| 4) | | | | | | | | | | : \$ | 5 | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | JOANNE | I FF K | 1AH | NG I | MIN | | | | | Jan | | | | | | | | |
| | | | | | | | | | |)22 | - | | | | | | | |
| | LKK Auto C | onsult | iants | s Pt | e Lt | d | | | D | ate | | | | | | | | |

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)