

NOTE: TO BE COMPLETED BY SURVEYOR

TEAM \_\_\_\_\_

### THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

|                   |                     |        |                      |
|-------------------|---------------------|--------|----------------------|
| Vehicle No:       | SJQ5859Z (Insd veh) | Model: | KIA OPTIMA 1.7 D (A) |
|                   | SHB8938L (TP veh)   |        |                      |
| Date of Accident: | 22/02/2021          |        |                      |

|   |      |   |                                 |  |
|---|------|---|---------------------------------|--|
| Global Sum Settlement   | :    | <input checked="" type="checkbox"/> [ X ] Yes | <input type="checkbox"/> [ ] No |  |
| Repair Estimate   | : \$ | <b>10,683.63</b>                              |                                 |  |
| Final Repair Cost   | : \$ | 3,500.00                                      |                                 |  |
| Loss of Use   | : \$ | 8.00 days at \$50.00 per day                  |                                 |  |
| Rental (if any)   | : \$ | 8 days  |                                 |  |
| LTA / GIA Search Fee  | : \$ |   |                                 |  |
| Others:   | : \$ |   |                                 |  |
|   | : \$ |   |                                 |  |
| Final Settlement Sum (Global Sum)   | : \$ | 3,500.00                                      |                                 |  |
| <b>Is Third Party Workshop GIA Registered?</b> <input type="checkbox"/> [ ] YES <input checked="" type="checkbox"/> [ X ] NO    (Kindly indicate below) |      |   |                                 |  |
| <b>A) For Non GIA Registered Workshop:</b> Agreed Liability _____ 100 _____ (%)   |      |   |                                 |  |
| <b>B) For GIA Registered Workshop:</b> BOLA Applicable: Yes/ No    BOLA Scenario No: _____  |      |   |                                 |  |
| BOLA Liability: _____ (%)    Assessed Liability (*): _____ (%)  |      |   |                                 |  |
| <i>* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.</i>   |      |   |                                 |  |
| Remarks _____   |      |   |                                 |  |

| Payment Instruction: Payee's Breakdown |                                     |      |          |
|--|-------------------------------------|------|----------|
| 1)                                     | Premier Automotive Services Pte Ltd | : \$ | 3,500.00 |
| 2)                                     |                                     | : \$ |          |
| 3)                                     |                                     | : \$ |          |
| 4)                                     |                                     | : \$ |          |
| 5)                                     |                                     | : \$ |          |

JOANNE LEE KHANG MIN

17 Nov  
2021

LKK Auto Consultants Pte Ltd

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))