10/19/21, 11:37 AM Preview

NOTE: TO BE COMPLETED BY SURVEYOR TEAM _____

THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

| Vehic | cle No: | SMX8265U (Insd veh) | | Model: | RENAULT LATITUDE 2.0 L DCI AUTO D/AB | 4DR |
|-----------------------------------|-----------------------------|---------------------------------|-------------------------|--------------------------|--------------------------------------|------|
| | SHD15S (TP veh) | | | | (A) | |
| Date | ate of Accident: 19/07/2021 | | | | | |
| | | | | | • | |
| | | | | | 1 | |
| | al Sum Settlement | : [X] | Yes | [] No | | |
| Repair Estimate | | | :\$ | 28,364.84 | | |
| Final Repair Cost | | | :\$ | 10,300.00 | | |
| Loss of Use | | | : \$ | | days at \$0.00 per day | |
| Rental (if any) | | | : \$ | | 13 days | |
| LTA / GIA Search Fee | | | : \$ | | | |
| Others: | | | : \$ | | | |
| | | | : \$ | | | |
| Final Settlement Sum (Global Sum) | | | : \$ | 10,300.00 | | |
| ls Th | ird Party Workshop GIA | Registered? [] | YES [X] NO | (Kindly indicate below) | | |
| A) | For Non GIA Register | ed Workshop: | | Agreed Liability100 | (%) | |
| B) | For GIA Registered W | orkshop: | | BOLA Applicable: Yes/ No | BOLA Scenario No: | |
| | BOLA Liability: | (%) | | Assessed Liability (*): | 100(%) | |
| | * Assessed Liability to b | be filled only for chain collis | sions and for cases who | ere BOLA does not apply. | | |
| Rema | arks | | | | | |
| | - | | | | | |
| | | | | | | |
| Payn | nent Instruction: Payee's | Breakdown | | | | |
| 1) | Trans-cab Auto Service | es Pte Ltd | | : \$ | 10,30 | 0.00 |
| 2) | | | | : \$ | | |
| 3) | | | | : \$ | | |
| 4) | | | | :\$ | | |
| | | | | l l | | |
| | | | | | | |
| | JOANN | IE LEE KHANG MIN | | 19 Oct 2021 | | |
| | - | o Consultants Pte Ltd | | Date | | |
| | | | | | | |

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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)