9/9/22, 1:28 PM Preview

NOTE: TO BE COMPLETED BY SURVEYOR

TE 4 4 4			
	TEAM		

## THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

Vehi	cle No:	SKR2024T (Insd veh)						Model: RENA					AULT LATITUDE 2.0 DCI				
SI			SHD341A (TP veh)					]				AUTO D/AB 4DR (A)					
Date	of Accident:	nt: 25/02/2022															
Ol-1	-1.00	4	$\overline{}$	r V 1	\/		Τ.	. 1 1	1-								
	al Sum Settleme	ent	<u>:</u>	[ X ]	Yes				lo								
	air Estimate					: \$		18	3,231								
Final Repair Cost					: \$			5,150	0.00						_		
Loss of Use					: \$						5.00	days at \$50	).00 pe	r day			
Rental (if any)					: \$					5		days					
LTA /	/ GIA Search Fee	Э				: \$											
Othe	ers:					: \$											
						: \$											
Final	Settlement Sum	ı (Globa	ıl Sı	ım)		: \$			5,150	0.00							
ls Th	nird Party Works	shop G	IA F	Regist	ered?	[	]	YES	[ )	( ]	N	)	(Kindly indi	cate be	elow)	_	
A)	For Non GIA Re	gistere	d W	/orks	nop:			Agreed	Liabil	lity _		100	(%)				
B)	For GIA Registe	ered Wo	rks	hop:				BOLA A	Applic	able:	Yes/	No	BOLA Scer	nario N	o:	_	
	BOLA Liability: _			(%)				Assess	ed Lia	ability	(*):_		(%	)			
	* Assessed Liab	ility to b	e fil	led on	ly for cl	nain c	ollisi	ons and	for ca	ses I	vhere	e BOI	LA does not	apply.			
Rem	arks																
																-	
Payr	ment Instructior	n: Paye	e's	Break	down												
1)	Trans-cab Auto	Service	s P	te Ltd					: \$						5,150.0	C	
2)									: \$							_	
3)									: \$							_	
4)									: \$								
5)									: \$								
	JOANNE	LEE KH	IAN	G MIN	1			09 Se	•								
	LKK Auto (	Consulta	ants	Pte L	td			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)

1/1 about:blank