

NOTE: TO BE COMPLETED BY SURVEYOR

TEAM \_\_\_\_\_

**THIRD PARTY EXPRESS SETTLEMENT  
(PAYMENT BREAKDOWN)**

<b>Vehicle No:</b>	<b>SJS9089S (Insd veh)</b>	<b>Model:</b>	<b>RENAULT LATITUDE 2.0 D DCI (A)</b>
	<b>SHC5173R (TP veh)</b>		
<b>Date of Accident:</b>	<b>01/03/2017</b>		

Global Sum Settlement	:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Repair Estimate	:\$	<b>21,117.40</b>	
Final Repair Cost	:\$	820.00	
Loss of Use	:\$	3.00 days at \$50.00 per day	
Rental (if any)	:\$	3 days	
LTA / GIA Search Fee	:\$		
Others:	:\$		
	:\$		
Final Settlement Sum (Global Sum)	:\$	820.00	

<b>Is Third Party Workshop GIA Registered?</b>	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	(Kindly indicate below)
<b>A) For <u>Non GIA Registered Workshop</u>:</b>	Agreed Liability _____ 50 _____ (%)		
<b>B) For <u>GIA Registered Workshop</u>:</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	_____		

<b>Payment Instruction: Payee's Breakdown</b>			
1)	Trans-cab Auto Services Pte Ltd	:\$	820.00
2)		:\$	
3)		:\$	

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 JOANNE LEE KHANG MIN  
 LKK Auto Consultants Pte Ltd

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 06 Apr  
 2023  
 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))**