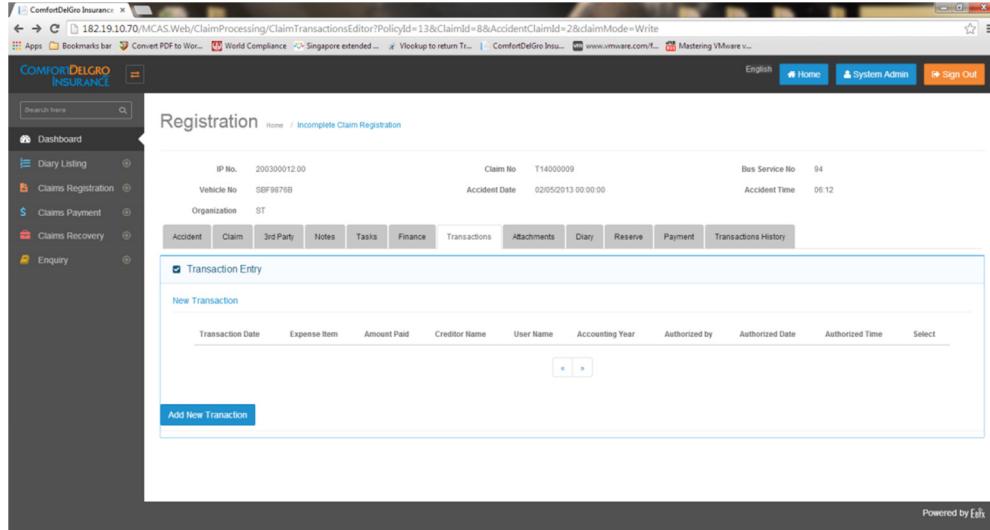
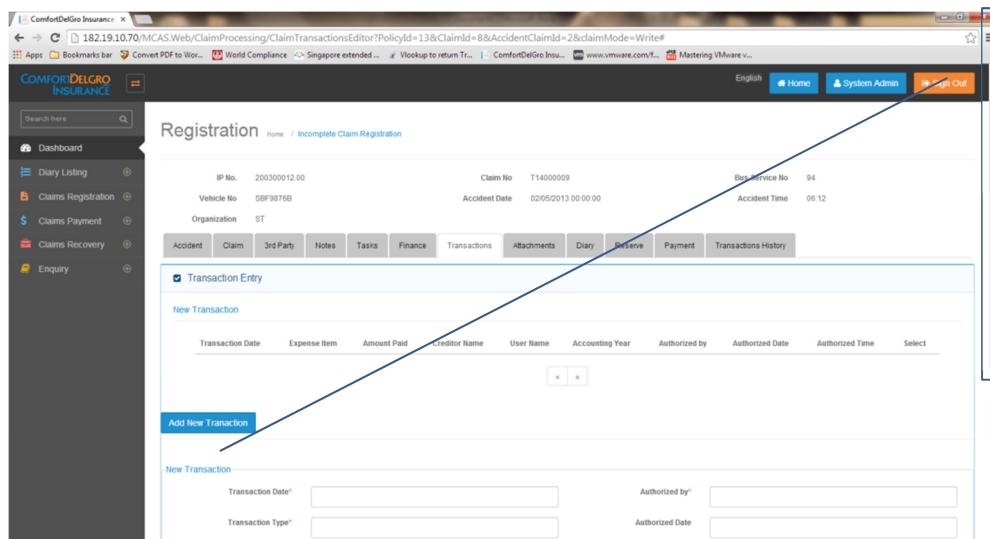


## Mandate Tab

Go to Mandate tab.



Select add new Mandate



A new field (New Type of Mandate) to allow user to select type of mandate to add.

Input selections:

- 1) TPPD Mandate Request
- 2) TPBI Mandate Request
- 3) OD Mandate Request
- 4) TPPD Counter Offer Mandate Request
- 5) TPBI Counter Offer Mandate Request
- 6) OD Counter Offer Mandate Request

Depending of user's choice of new mandate to add to the claim record, system brings up the respective mandate page for user to enter the data.

**TPPD Mandate Request**

| Assigned to Supervisor with FAL to approve the mandate to settle.   |                                  |                              |                      |               |  |                              |                      |  |  |  |  |               |               |                            |                 |    |   |    |             |    |   |    |                 |    |   |    |                |    |   |    |                   |        |    |   |    |  |  |  |  |                      |               |  |   |    |           |  |   |    |                           |                |    |   |    |            |    |   |    |               |    |   |    |   |  |  |  |  |                                 |                         |    |   |    |                                  |    |   |    |                           |                   |    |   |    |                            |    |   |    |       |    |   |    |         |                                 |  |  |  |
|---|----------------------------------|------------------------------|----------------------|---------------|--|------------------------------|----------------------|--|--|--|--|---------------|---------------|----------------------------|-----------------|----|---|----|-------------|----|---|----|-----------------|----|---|----|----------------|----|---|----|-------------------|--------|----|---|----|--|--|--|--|----------------------|---------------|--|---|----|-----------|--|---|----|---------------------------|----------------|----|---|----|------------|----|---|----|---------------|----|---|----|---|--|--|--|--|---------------------------------|-------------------------|----|---|----|----------------------------------|----|---|----|---------------------------|-------------------|----|---|----|----------------------------|----|---|----|-------|----|---|----|---------|---------------------------------|--|--|--|
| TPPD Claim<br>Assigned To <input type="text"/> Type of Claim <input type="text"/> Investigation Result <input type="text"/><br>Scenario <input type="text"/><br>Evidence <input type="checkbox"/> CCTV <input type="checkbox"/> Witness Statement <input type="checkbox"/> Scene Pics<br>Related Facts <input type="text"/><br>CO's Assessment <input type="text"/>   |                                  |                              |                      |               |  |                              |                      |  |  |  |  |               |               |                            |                 |    |   |    |             |    |   |    |                 |    |   |    |                |    |   |    |                   |        |    |   |    |  |  |  |  |                      |               |  |   |    |           |  |   |    |                           |                |    |   |    |            |    |   |    |               |    |   |    |   |  |  |  |  |                                 |                         |    |   |    |                                  |    |   |    |                           |                   |    |   |    |                            |    |   |    |       |    |   |    |         |                                 |  |  |  |
| <b>TPPD Claim Breakdown</b> <table border="1"> <thead> <tr> <th colspan="2"></th> <th>3rd Party's<br/>Claim Quantum</th> <th colspan="2">CO's Recommendations</th> </tr> <tr> <th colspan="2"></th> <th></th> <th>Minimum Offer</th> <th>Maximum Offer</th> </tr> </thead> <tbody> <tr> <td rowspan="4"><b>+/- Cost of Repairs</b></td> <td>Cost of Repairs</td> <td>2A</td> <td>A</td> <td>A1</td> </tr> <tr> <td>Loss of Use</td> <td>2B</td> <td>B</td> <td>B1</td> </tr> <tr> <td>Loss of Earning</td> <td>2C</td> <td>C</td> <td>C1</td> </tr> <tr> <td>Loss of Rental</td> <td>2D</td> <td>D</td> <td>D1</td> </tr> <tr> <td rowspan="2"><b>+/- Excess</b></td> <td>Excess</td> <td>2E</td> <td>E</td> <td>E1</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="2"><b>+/- Liability</b></td> <td>Liability (%)</td> <td></td> <td>F</td> <td>F1</td> </tr> <tr> <td>Sub-Total</td> <td></td> <td>G</td> <td>G1</td> </tr> <tr> <td rowspan="3"><b>+/- Other Expenses</b></td> <td>Other Expenses</td> <td>2F</td> <td>H</td> <td>H1</td> </tr> <tr> <td>Survey Fee</td> <td>2G</td> <td>I</td> <td>I1</td> </tr> <tr> <td>Re-Survey Fee</td> <td>2H</td> <td>J</td> <td>J1</td> </tr> <tr> <td colspan="5"><b>LTA/GIA/Police Report Fees</b> 2I K K1</td> </tr> <tr> <td rowspan="2"><b>+/- 3rd Party Legal Fees</b></td> <td>3rd Party Lawyer's Cost</td> <td>2J</td> <td>L</td> <td>L1</td> </tr> <tr> <td>3rd Party Lawyer's Disbursements</td> <td>2K</td> <td>M</td> <td>M1</td> </tr> <tr> <td rowspan="2"><b>+/- Our Legal Fees</b></td> <td>Our Lawyer's Cost</td> <td>2L</td> <td>N</td> <td>N1</td> </tr> <tr> <td>Our Lawyer's Disbursements</td> <td>2M</td> <td>O</td> <td>O1</td> </tr> <tr> <td>Total</td> <td>2N</td> <td>P</td> <td>P1</td> </tr> <tr> <td>Remarks</td> <td colspan="4">Free-text (max chars allowable)</td> </tr> </tbody> </table> |                                  |                              |                      |               |  | 3rd Party's<br>Claim Quantum | CO's Recommendations |  |  |  |  | Minimum Offer | Maximum Offer | <b>+/- Cost of Repairs</b> | Cost of Repairs | 2A | A | A1 | Loss of Use | 2B | B | B1 | Loss of Earning | 2C | C | C1 | Loss of Rental | 2D | D | D1 | <b>+/- Excess</b> | Excess | 2E | E | E1 |  |  |  |  | <b>+/- Liability</b> | Liability (%) |  | F | F1 | Sub-Total |  | G | G1 | <b>+/- Other Expenses</b> | Other Expenses | 2F | H | H1 | Survey Fee | 2G | I | I1 | Re-Survey Fee | 2H | J | J1 | <b>LTA/GIA/Police Report Fees</b> 2I K K1 |  |  |  |  | <b>+/- 3rd Party Legal Fees</b> | 3rd Party Lawyer's Cost | 2J | L | L1 | 3rd Party Lawyer's Disbursements | 2K | M | M1 | <b>+/- Our Legal Fees</b> | Our Lawyer's Cost | 2L | N | N1 | Our Lawyer's Disbursements | 2M | O | O1 | Total | 2N | P | P1 | Remarks | Free-text (max chars allowable) |  |  |  |
|   |                                  | 3rd Party's<br>Claim Quantum | CO's Recommendations |               |  |                              |                      |  |  |  |  |               |               |                            |                 |    |   |    |             |    |   |    |                 |    |   |    |                |    |   |    |                   |        |    |   |    |  |  |  |  |                      |               |  |   |    |           |  |   |    |                           |                |    |   |    |            |    |   |    |               |    |   |    |   |  |  |  |  |                                 |                         |    |   |    |                                  |    |   |    |                           |                   |    |   |    |                            |    |   |    |       |    |   |    |         |                                 |  |  |  |
|   |                                  |                              | Minimum Offer        | Maximum Offer |  |                              |                      |  |  |  |  |               |               |                            |                 |    |   |    |             |    |   |    |                 |    |   |    |                |    |   |    |                   |        |    |   |    |  |  |  |  |                      |               |  |   |    |           |  |   |    |                           |                |    |   |    |            |    |   |    |               |    |   |    |   |  |  |  |  |                                 |                         |    |   |    |                                  |    |   |    |                           |                   |    |   |    |                            |    |   |    |       |    |   |    |         |                                 |  |  |  |
| <b>+/- Cost of Repairs</b>  | Cost of Repairs                  | 2A                           | A                    | A1            |  |                              |                      |  |  |  |  |               |               |                            |                 |    |   |    |             |    |   |    |                 |    |   |    |                |    |   |    |                   |        |    |   |    |  |  |  |  |                      |               |  |   |    |           |  |   |    |                           |                |    |   |    |            |    |   |    |               |    |   |    |   |  |  |  |  |                                 |                         |    |   |    |                                  |    |   |    |                           |                   |    |   |    |                            |    |   |    |       |    |   |    |         |                                 |  |  |  |
|   | Loss of Use                      | 2B                           | B                    | B1            |  |                              |                      |  |  |  |  |               |               |                            |                 |    |   |    |             |    |   |    |                 |    |   |    |                |    |   |    |                   |        |    |   |    |  |  |  |  |                      |               |  |   |    |           |  |   |    |                           |                |    |   |    |            |    |   |    |               |    |   |    |   |  |  |  |  |                                 |                         |    |   |    |                                  |    |   |    |                           |                   |    |   |    |                            |    |   |    |       |    |   |    |         |                                 |  |  |  |
|   | Loss of Earning                  | 2C                           | C                    | C1            |  |                              |                      |  |  |  |  |               |               |                            |                 |    |   |    |             |    |   |    |                 |    |   |    |                |    |   |    |                   |        |    |   |    |  |  |  |  |                      |               |  |   |    |           |  |   |    |                           |                |    |   |    |            |    |   |    |               |    |   |    |   |  |  |  |  |                                 |                         |    |   |    |                                  |    |   |    |                           |                   |    |   |    |                            |    |   |    |       |    |   |    |         |                                 |  |  |  |
|   | Loss of Rental                   | 2D                           | D                    | D1            |  |                              |                      |  |  |  |  |               |               |                            |                 |    |   |    |             |    |   |    |                 |    |   |    |                |    |   |    |                   |        |    |   |    |  |  |  |  |                      |               |  |   |    |           |  |   |    |                           |                |    |   |    |            |    |   |    |               |    |   |    |   |  |  |  |  |                                 |                         |    |   |    |                                  |    |   |    |                           |                   |    |   |    |                            |    |   |    |       |    |   |    |         |                                 |  |  |  |
| <b>+/- Excess</b>   | Excess                           | 2E                           | E                    | E1            |  |                              |                      |  |  |  |  |               |               |                            |                 |    |   |    |             |    |   |    |                 |    |   |    |                |    |   |    |                   |        |    |   |    |  |  |  |  |                      |               |  |   |    |           |  |   |    |                           |                |    |   |    |            |    |   |    |               |    |   |    |   |  |  |  |  |                                 |                         |    |   |    |                                  |    |   |    |                           |                   |    |   |    |                            |    |   |    |       |    |   |    |         |                                 |  |  |  |
|   |                                  |                              |                      |               |  |                              |                      |  |  |  |  |               |               |                            |                 |    |   |    |             |    |   |    |                 |    |   |    |                |    |   |    |                   |        |    |   |    |  |  |  |  |                      |               |  |   |    |           |  |   |    |                           |                |    |   |    |            |    |   |    |               |    |   |    |   |  |  |  |  |                                 |                         |    |   |    |                                  |    |   |    |                           |                   |    |   |    |                            |    |   |    |       |    |   |    |         |                                 |  |  |  |
| <b>+/- Liability</b>  | Liability (%)                    |                              | F                    | F1            |  |                              |                      |  |  |  |  |               |               |                            |                 |    |   |    |             |    |   |    |                 |    |   |    |                |    |   |    |                   |        |    |   |    |  |  |  |  |                      |               |  |   |    |           |  |   |    |                           |                |    |   |    |            |    |   |    |               |    |   |    |   |  |  |  |  |                                 |                         |    |   |    |                                  |    |   |    |                           |                   |    |   |    |                            |    |   |    |       |    |   |    |         |                                 |  |  |  |
|   | Sub-Total                        |                              | G                    | G1            |  |                              |                      |  |  |  |  |               |               |                            |                 |    |   |    |             |    |   |    |                 |    |   |    |                |    |   |    |                   |        |    |   |    |  |  |  |  |                      |               |  |   |    |           |  |   |    |                           |                |    |   |    |            |    |   |    |               |    |   |    |   |  |  |  |  |                                 |                         |    |   |    |                                  |    |   |    |                           |                   |    |   |    |                            |    |   |    |       |    |   |    |         |                                 |  |  |  |
| <b>+/- Other Expenses</b>   | Other Expenses                   | 2F                           | H                    | H1            |  |                              |                      |  |  |  |  |               |               |                            |                 |    |   |    |             |    |   |    |                 |    |   |    |                |    |   |    |                   |        |    |   |    |  |  |  |  |                      |               |  |   |    |           |  |   |    |                           |                |    |   |    |            |    |   |    |               |    |   |    |   |  |  |  |  |                                 |                         |    |   |    |                                  |    |   |    |                           |                   |    |   |    |                            |    |   |    |       |    |   |    |         |                                 |  |  |  |
|   | Survey Fee                       | 2G                           | I                    | I1            |  |                              |                      |  |  |  |  |               |               |                            |                 |    |   |    |             |    |   |    |                 |    |   |    |                |    |   |    |                   |        |    |   |    |  |  |  |  |                      |               |  |   |    |           |  |   |    |                           |                |    |   |    |            |    |   |    |               |    |   |    |   |  |  |  |  |                                 |                         |    |   |    |                                  |    |   |    |                           |                   |    |   |    |                            |    |   |    |       |    |   |    |         |                                 |  |  |  |
|   | Re-Survey Fee                    | 2H                           | J                    | J1            |  |                              |                      |  |  |  |  |               |               |                            |                 |    |   |    |             |    |   |    |                 |    |   |    |                |    |   |    |                   |        |    |   |    |  |  |  |  |                      |               |  |   |    |           |  |   |    |                           |                |    |   |    |            |    |   |    |               |    |   |    |   |  |  |  |  |                                 |                         |    |   |    |                                  |    |   |    |                           |                   |    |   |    |                            |    |   |    |       |    |   |    |         |                                 |  |  |  |
| <b>LTA/GIA/Police Report Fees</b> 2I K K1   |                                  |                              |                      |               |  |                              |                      |  |  |  |  |               |               |                            |                 |    |   |    |             |    |   |    |                 |    |   |    |                |    |   |    |                   |        |    |   |    |  |  |  |  |                      |               |  |   |    |           |  |   |    |                           |                |    |   |    |            |    |   |    |               |    |   |    |   |  |  |  |  |                                 |                         |    |   |    |                                  |    |   |    |                           |                   |    |   |    |                            |    |   |    |       |    |   |    |         |                                 |  |  |  |
| <b>+/- 3rd Party Legal Fees</b>   | 3rd Party Lawyer's Cost          | 2J                           | L                    | L1            |  |                              |                      |  |  |  |  |               |               |                            |                 |    |   |    |             |    |   |    |                 |    |   |    |                |    |   |    |                   |        |    |   |    |  |  |  |  |                      |               |  |   |    |           |  |   |    |                           |                |    |   |    |            |    |   |    |               |    |   |    |   |  |  |  |  |                                 |                         |    |   |    |                                  |    |   |    |                           |                   |    |   |    |                            |    |   |    |       |    |   |    |         |                                 |  |  |  |
|   | 3rd Party Lawyer's Disbursements | 2K                           | M                    | M1            |  |                              |                      |  |  |  |  |               |               |                            |                 |    |   |    |             |    |   |    |                 |    |   |    |                |    |   |    |                   |        |    |   |    |  |  |  |  |                      |               |  |   |    |           |  |   |    |                           |                |    |   |    |            |    |   |    |               |    |   |    |   |  |  |  |  |                                 |                         |    |   |    |                                  |    |   |    |                           |                   |    |   |    |                            |    |   |    |       |    |   |    |         |                                 |  |  |  |
| <b>+/- Our Legal Fees</b>   | Our Lawyer's Cost                | 2L                           | N                    | N1            |  |                              |                      |  |  |  |  |               |               |                            |                 |    |   |    |             |    |   |    |                 |    |   |    |                |    |   |    |                   |        |    |   |    |  |  |  |  |                      |               |  |   |    |           |  |   |    |                           |                |    |   |    |            |    |   |    |               |    |   |    |   |  |  |  |  |                                 |                         |    |   |    |                                  |    |   |    |                           |                   |    |   |    |                            |    |   |    |       |    |   |    |         |                                 |  |  |  |
|   | Our Lawyer's Disbursements       | 2M                           | O                    | O1            |  |                              |                      |  |  |  |  |               |               |                            |                 |    |   |    |             |    |   |    |                 |    |   |    |                |    |   |    |                   |        |    |   |    |  |  |  |  |                      |               |  |   |    |           |  |   |    |                           |                |    |   |    |            |    |   |    |               |    |   |    |   |  |  |  |  |                                 |                         |    |   |    |                                  |    |   |    |                           |                   |    |   |    |                            |    |   |    |       |    |   |    |         |                                 |  |  |  |
| Total   | 2N                               | P                            | P1                   |               |  |                              |                      |  |  |  |  |               |               |                            |                 |    |   |    |             |    |   |    |                 |    |   |    |                |    |   |    |                   |        |    |   |    |  |  |  |  |                      |               |  |   |    |           |  |   |    |                           |                |    |   |    |            |    |   |    |               |    |   |    |   |  |  |  |  |                                 |                         |    |   |    |                                  |    |   |    |                           |                   |    |   |    |                            |    |   |    |       |    |   |    |         |                                 |  |  |  |
| Remarks   | Free-text (max chars allowable)  |                              |                      |               |  |                              |                      |  |  |  |  |               |               |                            |                 |    |   |    |             |    |   |    |                 |    |   |    |                |    |   |    |                   |        |    |   |    |  |  |  |  |                      |               |  |   |    |           |  |   |    |                           |                |    |   |    |            |    |   |    |               |    |   |    |   |  |  |  |  |                                 |                         |    |   |    |                                  |    |   |    |                           |                   |    |   |    |                            |    |   |    |       |    |   |    |         |                                 |  |  |  |
| Expansion/Collapse button.<br>By default is collapsed. If there are value in fields then section will expand by default.  |                                  |                              |                      |               |  |                              |                      |  |  |  |  |               |               |                            |                 |    |   |    |             |    |   |    |                 |    |   |    |                |    |   |    |                   |        |    |   |    |  |  |  |  |                      |               |  |   |    |           |  |   |    |                           |                |    |   |    |            |    |   |    |               |    |   |    |   |  |  |  |  |                                 |                         |    |   |    |                                  |    |   |    |                           |                   |    |   |    |                            |    |   |    |       |    |   |    |         |                                 |  |  |  |
| $G = (A+B+C+D+E) * F$ $G1 = (A1+B1+C1+D1+E1) * F1$  |                                  |                              |                      |               |  |                              |                      |  |  |  |  |               |               |                            |                 |    |   |    |             |    |   |    |                 |    |   |    |                |    |   |    |                   |        |    |   |    |  |  |  |  |                      |               |  |   |    |           |  |   |    |                           |                |    |   |    |            |    |   |    |               |    |   |    |   |  |  |  |  |                                 |                         |    |   |    |                                  |    |   |    |                           |                   |    |   |    |                            |    |   |    |       |    |   |    |         |                                 |  |  |  |
| $P = G+H+I+J+K+L+M+N+O$ $P1 = G1+H1+I1+J1+K1+L1+M1+N1+O1$   |                                  |                              |                      |               |  |                              |                      |  |  |  |  |               |               |                            |                 |    |   |    |             |    |   |    |                 |    |   |    |                |    |   |    |                   |        |    |   |    |  |  |  |  |                      |               |  |   |    |           |  |   |    |                           |                |    |   |    |            |    |   |    |               |    |   |    |   |  |  |  |  |                                 |                         |    |   |    |                                  |    |   |    |                           |                   |    |   |    |                            |    |   |    |       |    |   |    |         |                                 |  |  |  |

## TPPD Mandate Approval

|                          |                               |  |                                     |                      |                      |  |
|--------------------------|-------------------------------|--|-------------------------------------|----------------------|----------------------|--|
| Mandate Details          |                               |  |                                     |                      |                      |  |
| Assigned To              | <input type="text"/>          | Type of Claim  | <input type="text"/>                | Investigation Result | <input type="text"/> |  |
| Scenario                 | <input type="text"/>          |  |                                     |                      |                      |  |
| Evidence                 | <input type="checkbox"/> CCTV | <input type="checkbox"/> Witness Statement                       | <input type="checkbox"/> Scene Pics |                      |                      |  |
| Related Facts            | <input type="text"/>          |  |                                     |                      |                      |  |
| CO's Assessment          | <input type="text"/>          |  |                                     |                      |                      |  |
| Supervisor Approval      |                               |  |                                     |                      |                      |  |
| Assigned To              | <input type="text"/>          | Will be the CO whom issued the mandate request to the supervisor |                                     |                      |                      |  |
| Approve Recommendations? | <input type="radio"/> Yes     | <input type="radio"/> No   |                                     |                      |                      |  |
| Supervisor's Remark      | <input type="text"/>          |  |                                     |                      |                      |  |

|                      |                      |                                  |    |                      |               |                      |
|----------------------|----------------------|----------------------------------|----|----------------------|---------------|----------------------|
| TPPD Claim Breakdown |                      |                                  |    |                      |               |                      |
| +                    | Cost of Repairs      | 3rd Party's                      |    | CO's Recommendations |               |                      |
|                      |                      | Claim Quantum                    |    | Minimum Offer        | Maximum Offer | Supervisor's Mandate |
|                      | Cost of Repairs      | A                                | A  | A1                   |               |                      |
| +                    | Uninsured Losses     | Loss of Use                      | B  | B                    | B1            |                      |
|                      |                      | Loss of Earning                  | C  | C                    | C1            |                      |
|                      |                      | Loss of Rental                   | D  | D                    | D1            |                      |
|                      |                      | Excess                           | E  | E                    | E1            |                      |
| +                    | Liability            | Liability (%)                    |    |                      |               |                      |
|                      |                      | F                                | F1 |                      |               |                      |
|                      | Sub-Total            | G                                | G1 |                      |               |                      |
| +                    | Other Expenses       | Other Expenses                   |    |                      |               |                      |
|                      |                      | F                                | H  | H1                   |               |                      |
| +                    | Report Fees          | Survey Fee                       | G  | I                    | I1            |                      |
|                      |                      | Re-Survey Fee                    | H  | J                    | J1            |                      |
|                      |                      | LTA/GIA/Police Report Fees       | I  | K                    | K1            |                      |
| +                    | 3rd Party Legal Fees | 3rd Party Lawyer's Cost          | J  | L                    | L1            |                      |
|                      |                      | 3rd Party Lawyer's Disbursements | K  | M                    | M1            |                      |
| +                    | Our Legal Fees       | Our Lawyer's Cost                | L  | N                    | N1            |                      |
|                      |                      | Our Lawyer's Disbursements       | M  | O                    | O1            |                      |
|                      | Total                | N                                | P  | P1                   |               |                      |
|                      | Remarks              | Free-text (max chars allowable)  |    |                      |               |                      |

## TPPD Counter Offer Mandate Request

|   |  |                                  |                      |    |  |    |
|---|--|----------------------------------|----------------------|----|--|----|
| TPPD Claim  |  |                                  |                      |    | User will enter data except calculated field like 4G, 3G, G & G1 |    |
| Assigned To   |  | Type of Claim                    | Investigation Result |    |  |    |
| Scenario  |  |                                  |                      |    |  |    |
| Evidence <input type="checkbox"/> CCTV <input type="checkbox"/> Witness Statement <input type="checkbox"/> Scene Pics |  |                                  |                      |    |  |    |
| Related Facts   |  |                                  |                      |    |  |    |
| CO's Assessment   |  |                                  |                      |    |  |    |
| 3rd Party's<br>Claim Quantum  |  |                                  |                      |    |  |    |
| Our Previous Offer      3rd Party's Counter Offer      CO's Recommendations<br>Minimum Offer      Maximum Offer       |  |                                  |                      |    |  |    |
| <b>+ Cost of Repairs</b><br>Cost of Repairs   |  | 2A                               | 4A                   | 3A | A  | A1 |
| <b>+ Uninsured Losses</b><br>Loss of Use  |  | 2B                               | 4B                   | 3B | B  | B1 |
| Data extracted from reserve tab   |  | Loss of Earning                  | 2C                   | 4C | 3C   | C  |
|   |  | Loss of Rental                   | 2D                   | 4D | 3D   | D  |
|   |  | Excess                           | 2E                   | 4E | 3E   | E  |
| <b>+ Liability</b><br>Liability (%)   |  |                                  | 4F                   | 3F | F  | F1 |
|   |  |                                  | Sub-Total            | 4G | 3G   | G  |
| <b>+ Other Expenses</b><br>Other Expenses   |  | 2F                               | 4H                   | 3H | H  | H1 |
| <b>+ Report Fees</b><br>Survey Fee  |  | 2G                               | 4I                   | 3I | I  | I1 |
|   |  | Re-Survey Fee                    | 2H                   | 4J | 3J   | J  |
|   |  | LTA/GIA/Police Report Fees       | 2I                   | 4K | 3K   | K  |
| <b>+ 3rd Party Legal Fees</b><br>3rd Party Lawyer's Cost  |  | 2J                               | 4L                   | 3L | L  | L1 |
|   |  | 3rd Party Lawyer's Disbursements | 2K                   | 4M | 3M   | M  |
| <b>+ Our Legal Fees</b><br>Our Lawyer's Cost  |  | 2L                               | 4N                   | 3N | N  | N1 |
|   |  | Our Lawyer's Disbursements       | 2M                   | 4O | 3O   | O  |
| Total   |  | 2N                               | 4P                   | 3P | P  | P1 |
| Remarks   |  | Free-text (max chars allowable)  |                      |    |  |    |

$$P = G+H+I+J+K+L+M+N+O$$

$$P1 = G1+H1+I1+J1+K1+L1+M1+N1+O1$$

$$4P = 4G+4H+4I+4J+4K+4L+4M+4N+4O$$

$$3P = 3G+3H+3I+3J+3K+3L+3M+3N+3O$$

## TPPD Counter Offer Mandate Approval

|                          |                               |  |                                     |                      |                      |  |
|--------------------------|-------------------------------|--|-------------------------------------|----------------------|----------------------|--|
| Mandate Details          |                               |  |                                     |                      |                      |  |
| Assigned To              | <input type="text"/>          | Type of Claim  | <input type="text"/>                | Investigation Result | <input type="text"/> |  |
| Scenario                 | <input type="text"/>          |  |                                     |                      |                      |  |
| Evidence                 | <input type="checkbox"/> CCTV | <input type="checkbox"/> Witness Statement                       | <input type="checkbox"/> Scene Pics |                      |                      |  |
| Related Facts            | <input type="text"/>          |  |                                     |                      |                      |  |
| CO's Assessment          | <input type="text"/>          |  |                                     |                      |                      |  |
| Supervisor Approval      |                               |  |                                     |                      |                      |  |
| Assigned To              | <input type="text"/>          | Will be the CO whom issued the mandate request to the supervisor |                                     |                      |                      |  |
| Approve Recommendations? | <input type="radio"/> Yes     | <input type="radio"/> No   |                                     |                      |                      |  |
| Supervisor's Remark      | <input type="text"/>          |  |                                     |                      |                      |  |

| TPPD Claim Breakdown |                      | 3rd Party's<br>Claim Quantum     | Our Previous<br>Offer | 3rd Party's<br>Counter Offer | CO's Recommendations |               | Supervisor's Mandate |               |
|----------------------|----------------------|----------------------------------|-----------------------|------------------------------|----------------------|---------------|----------------------|---------------|
|                      |                      |                                  |                       |                              | Minimum Offer        | Maximum Offer | Minimum Offer        | Maximum Offer |
| + -                  | Cost of Repairs      | Cost of Repairs                  | A                     | 4A                           | 3A                   | A             | A1                   |               |
| + -                  | Uninsured Losses     | Loss of Use                      | B                     | 4B                           | 3B                   | B             | B1                   |               |
|                      |                      | Loss of Earning                  | C                     | 4C                           | 3C                   | C             | C1                   |               |
|                      |                      | Loss of Rental                   | D                     | 4D                           | 3D                   | D             | D1                   |               |
|                      |                      | Excess                           | E                     | 4E                           | 3E                   | E             | E1                   |               |
| + -                  | Liability            | Liability (%)                    |                       | 4F                           | 3F                   | F             | F1                   |               |
|                      |                      | Sub-Total                        |                       | 4G                           | 3G                   | G             | G1                   |               |
| + -                  | Other Expenses       | Other Expenses                   | F                     | 4H                           | 3H                   | H             | H1                   |               |
| + -                  | Report Fees          | Survey Fee                       | G                     | 4I                           | 3I                   | I             | I1                   |               |
|                      |                      | Re-Survey Fee                    | H                     | 4J                           | 3J                   | J             | J1                   |               |
|                      |                      | LTA/GIA/Police Report Fees       | I                     | 4K                           | 3K                   | K             | K1                   |               |
| + -                  | 3rd Party Legal Fees | 3rd Party Lawyer's Cost          | J                     | 4L                           | 3L                   | L             | L1                   |               |
|                      |                      | 3rd Party Lawyer's Disbursements | K                     | 4M                           | 3M                   | M             | M1                   |               |
| + -                  | Our Legal Fees       | Our Lawyer's Cost                | L                     | 4N                           | 3N                   | N             | N1                   |               |
|                      |                      | Our Lawyer's Disbursements       | M                     | 4O                           | 3O                   | O             | O1                   |               |
|                      | Total                | N                                | 4P                    | 3P                           | P                    | P1            |                      |               |
|                      | Remarks              | Free-text (max chars allowable)  |                       |                              |                      |               |                      |               |

## TPBI Mandate Request

Assigned to Supervisor with  
FAL to approve the mandate  
to settle.

| TPBI Claim                         | Assigned To                      | Type of Claim                              | Investigation Result                |
|------------------------------------|----------------------------------|--|-------------------------------------|
| Scenario                           |                                  |  |                                     |
| Evidence                           | <input type="checkbox"/> CCTV    | <input type="checkbox"/> Witness Statement | <input type="checkbox"/> Scene Pics |
| Related Facts                      |                                  |  |                                     |
| CO's Assessment                    |                                  |  |                                     |
| TPBI Claim Breakdown               |                                  |  |                                     |
|                                    | 3rd Party's<br>Claim Quantum     | CO's Recommendations                       |                                     |
| <b>+ - General Damages</b>         | General Damages                  | A  | A1                                  |
| <b>+ - Medical Expenses</b>        | Medical Expenses                 | B  | B1                                  |
| <b>+ - Future Medical Expenses</b> | Future Medical Expenses          | C  | C1                                  |
| <b>+ - Log Medical Expenses</b>    | Log Medical Expenses             | D  | D1                                  |
| <b>+ - Loss of Earnings</b>        | Loss of Earning Capacity         | E  | E1                                  |
|                                    | Loss of Earnings                 | F  | F1                                  |
|                                    | Loss of Future Earnings          | G  | G1                                  |
| <b>+ - Transport</b>               | Transport                        | H  | H1                                  |
| <b>+ - Liability</b>               | Liability (%)                    | I  | I1                                  |
|                                    | Sub-Total                        | J  | J1                                  |
| <b>+ - Other Expenses</b>          | Other Expenses                   | K  | K1                                  |
| <b>+ - Report Fees</b>             | Medical Report                   | L  | L1                                  |
|                                    | Public Trustee Fee               | M  | M1                                  |
|                                    | LTA/GIA/Police Report Fees       | N  | N1                                  |
|                                    | Our Professional Expert Fees     | O  | O1                                  |
| <b>+ - 3rd Party Legal Fees</b>    | 3rd Party Lawyer's Cost          | P  | P1                                  |
|                                    | 3rd Party Lawyer's Disbursements | Q  | Q1                                  |
| <b>+ - Our Legal Fees</b>          | Our Lawyer's Cost                | R  | R1                                  |
|                                    | Our Lawyer's Disbursements       | S  | S1                                  |
| Total                              | 2R                               | T  | T1                                  |
| Remarks                            |                                  |  |                                     |

$$J = (A+B+C+D+E+F+G+H) * I$$

$$J1 = (A1+B1+C1+D1+E1+F1+G1+H1) * I1$$

$$T = J+K+L+M+N+O+P+Q+R+S$$

$$T1 = J1+K1+L1+M1+N1+O1+P1+Q1+R1+S1$$

## TPBI Mandate Approval

| <b>Mandate Details</b><br>Assigned To: <input type="text"/> Type of Claim: <input type="text"/> Investigation Result: <input type="text"/><br>Scenario: <input type="text"/><br>Evidence: <input type="checkbox"/> CCTV <input type="checkbox"/> Witness Statement <input type="checkbox"/> Scene Pics<br>Related Facts: <input type="text"/><br>CO's Assessment: <input type="text"/>   |                                       |                      |               |                      |               |  |                              |                      |  |                      |  |  |  |               |               |    |               |                            |                      |   |    |  |  |                             |                       |   |    |  |  |  |                              |   |    |  |  |  |                           |   |    |  |  |                             |                               |   |    |  |  |  |                       |   |    |  |  |  |                              |   |    |  |  |                      |                |   |    |  |  |                      |               |   |    |  |  |  |           |   |    |  |  |                           |                     |   |    |  |  |                        |                     |   |    |  |  |  |                         |   |    |  |  |  |                                 |   |    |  |  |  |                                   |   |    |  |  |                                 |                              |   |    |  |  |  |                                       |   |    |  |  |                           |                        |   |    |  |  |  |                                 |   |    |  |  |       |    |   |    |  |  |         |                      |  |  |  |  |
|--|---------------------------------------|----------------------|---------------|----------------------|---------------|--|------------------------------|----------------------|--|----------------------|--|--|--|---------------|---------------|----|---------------|----------------------------|----------------------|---|----|--|--|-----------------------------|-----------------------|---|----|--|--|--|------------------------------|---|----|--|--|--|---------------------------|---|----|--|--|-----------------------------|-------------------------------|---|----|--|--|--|-----------------------|---|----|--|--|--|------------------------------|---|----|--|--|----------------------|----------------|---|----|--|--|----------------------|---------------|---|----|--|--|--|-----------|---|----|--|--|---------------------------|---------------------|---|----|--|--|------------------------|---------------------|---|----|--|--|--|-------------------------|---|----|--|--|--|---------------------------------|---|----|--|--|--|-----------------------------------|---|----|--|--|---------------------------------|------------------------------|---|----|--|--|--|---------------------------------------|---|----|--|--|---------------------------|------------------------|---|----|--|--|--|---------------------------------|---|----|--|--|-------|----|---|----|--|--|---------|----------------------|--|--|--|--|
| <b>Supervisor Approval</b><br>Assigned To: <input type="text"/><br>Approve Recommendations? <input type="radio"/> Yes <input type="radio"/> No<br>Supervisor's Remark: <input type="text"/>  |                                       |                      |               |                      |               |  |                              |                      |  |                      |  |  |  |               |               |    |               |                            |                      |   |    |  |  |                             |                       |   |    |  |  |  |                              |   |    |  |  |  |                           |   |    |  |  |                             |                               |   |    |  |  |  |                       |   |    |  |  |  |                              |   |    |  |  |                      |                |   |    |  |  |                      |               |   |    |  |  |  |           |   |    |  |  |                           |                     |   |    |  |  |                        |                     |   |    |  |  |  |                         |   |    |  |  |  |                                 |   |    |  |  |  |                                   |   |    |  |  |                                 |                              |   |    |  |  |  |                                       |   |    |  |  |                           |                        |   |    |  |  |  |                                 |   |    |  |  |       |    |   |    |  |  |         |                      |  |  |  |  |
| Will be the CO whom issued the mandate request to the supervisor   |                                       |                      |               |                      |               |  |                              |                      |  |                      |  |  |  |               |               |    |               |                            |                      |   |    |  |  |                             |                       |   |    |  |  |  |                              |   |    |  |  |  |                           |   |    |  |  |                             |                               |   |    |  |  |  |                       |   |    |  |  |  |                              |   |    |  |  |                      |                |   |    |  |  |                      |               |   |    |  |  |  |           |   |    |  |  |                           |                     |   |    |  |  |                        |                     |   |    |  |  |  |                         |   |    |  |  |  |                                 |   |    |  |  |  |                                   |   |    |  |  |                                 |                              |   |    |  |  |  |                                       |   |    |  |  |                           |                        |   |    |  |  |  |                                 |   |    |  |  |       |    |   |    |  |  |         |                      |  |  |  |  |
| <table border="1"> <thead> <tr> <th></th> <th>3rd Party's<br/>Claim Quantum</th> <th colspan="2">CO's Recommendations</th> <th colspan="2">Supervisor's Mandate</th> </tr> <tr> <th></th> <th></th> <th>Minimum Offer</th> <th>Maximum Offer</th> <th>Ma</th> <th>Maximum Offer</th> </tr> </thead> <tbody> <tr> <td><b>+ - General Damages</b></td> <td>General Damages   2A</td> <td>A</td> <td>A1</td> <td></td> <td></td> </tr> <tr> <td><b>+ - Medical Expenses</b></td> <td>Medical Expenses   2B</td> <td>B</td> <td>B1</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Future Medical Expenses   2C</td> <td>C</td> <td>C1</td> <td></td> <td></td> </tr> <tr> <td></td> <td>LOG Medical Expenses   2D</td> <td>D</td> <td>D1</td> <td></td> <td></td> </tr> <tr> <td><b>+ - Loss of Earnings</b></td> <td>Loss of Earning Capacity   2E</td> <td>E</td> <td>E1</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Loss of Earnings   2F</td> <td>F</td> <td>F1</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Loss of Future Earnings   2G</td> <td>G</td> <td>G1</td> <td></td> <td></td> </tr> <tr> <td><b>+ - Transport</b></td> <td>Transport   2H</td> <td>H</td> <td>H1</td> <td></td> <td></td> </tr> <tr> <td><b>+ - Liability</b></td> <td>Liability (%)</td> <td>I</td> <td>I1</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Sub-Total</td> <td>J</td> <td>J1</td> <td></td> <td></td> </tr> <tr> <td><b>+ - Other Expenses</b></td> <td>Other Expenses   2I</td> <td>K</td> <td>K1</td> <td></td> <td></td> </tr> <tr> <td><b>+ - Report Fees</b></td> <td>Medical Report   2J</td> <td>L</td> <td>L1</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Public Trustee Fee   2K</td> <td>M</td> <td>M1</td> <td></td> <td></td> </tr> <tr> <td></td> <td>LTA/GIA/Police Report Fees   2L</td> <td>N</td> <td>N1</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Our Professional Expert Fees   2M</td> <td>O</td> <td>O1</td> <td></td> <td></td> </tr> <tr> <td><b>+ - 3rd Party Legal Fees</b></td> <td>3rd Party Lawyer's Cost   2N</td> <td>P</td> <td>P1</td> <td></td> <td></td> </tr> <tr> <td></td> <td>3rd Party Lawyer's Disbursements   2O</td> <td>Q</td> <td>Q1</td> <td></td> <td></td> </tr> <tr> <td><b>+ - Our Legal Fees</b></td> <td>Our Lawyer's Cost   2P</td> <td>R</td> <td>R1</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Our Lawyer's Disbursements   2Q</td> <td>S</td> <td>S1</td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td>2R</td> <td>T</td> <td>T1</td> <td></td> <td></td> </tr> <tr> <td>Remarks</td> <td colspan="5"><input type="text"/></td> </tr> </tbody> </table> |                                       |                      |               |                      |               |  | 3rd Party's<br>Claim Quantum | CO's Recommendations |  | Supervisor's Mandate |  |  |  | Minimum Offer | Maximum Offer | Ma | Maximum Offer | <b>+ - General Damages</b> | General Damages   2A | A | A1 |  |  | <b>+ - Medical Expenses</b> | Medical Expenses   2B | B | B1 |  |  |  | Future Medical Expenses   2C | C | C1 |  |  |  | LOG Medical Expenses   2D | D | D1 |  |  | <b>+ - Loss of Earnings</b> | Loss of Earning Capacity   2E | E | E1 |  |  |  | Loss of Earnings   2F | F | F1 |  |  |  | Loss of Future Earnings   2G | G | G1 |  |  | <b>+ - Transport</b> | Transport   2H | H | H1 |  |  | <b>+ - Liability</b> | Liability (%) | I | I1 |  |  |  | Sub-Total | J | J1 |  |  | <b>+ - Other Expenses</b> | Other Expenses   2I | K | K1 |  |  | <b>+ - Report Fees</b> | Medical Report   2J | L | L1 |  |  |  | Public Trustee Fee   2K | M | M1 |  |  |  | LTA/GIA/Police Report Fees   2L | N | N1 |  |  |  | Our Professional Expert Fees   2M | O | O1 |  |  | <b>+ - 3rd Party Legal Fees</b> | 3rd Party Lawyer's Cost   2N | P | P1 |  |  |  | 3rd Party Lawyer's Disbursements   2O | Q | Q1 |  |  | <b>+ - Our Legal Fees</b> | Our Lawyer's Cost   2P | R | R1 |  |  |  | Our Lawyer's Disbursements   2Q | S | S1 |  |  | Total | 2R | T | T1 |  |  | Remarks | <input type="text"/> |  |  |  |  |
|  | 3rd Party's<br>Claim Quantum          | CO's Recommendations |               | Supervisor's Mandate |               |  |                              |                      |  |                      |  |  |  |               |               |    |               |                            |                      |   |    |  |  |                             |                       |   |    |  |  |  |                              |   |    |  |  |  |                           |   |    |  |  |                             |                               |   |    |  |  |  |                       |   |    |  |  |  |                              |   |    |  |  |                      |                |   |    |  |  |                      |               |   |    |  |  |  |           |   |    |  |  |                           |                     |   |    |  |  |                        |                     |   |    |  |  |  |                         |   |    |  |  |  |                                 |   |    |  |  |  |                                   |   |    |  |  |                                 |                              |   |    |  |  |  |                                       |   |    |  |  |                           |                        |   |    |  |  |  |                                 |   |    |  |  |       |    |   |    |  |  |         |                      |  |  |  |  |
|  |                                       | Minimum Offer        | Maximum Offer | Ma                   | Maximum Offer |  |                              |                      |  |                      |  |  |  |               |               |    |               |                            |                      |   |    |  |  |                             |                       |   |    |  |  |  |                              |   |    |  |  |  |                           |   |    |  |  |                             |                               |   |    |  |  |  |                       |   |    |  |  |  |                              |   |    |  |  |                      |                |   |    |  |  |                      |               |   |    |  |  |  |           |   |    |  |  |                           |                     |   |    |  |  |                        |                     |   |    |  |  |  |                         |   |    |  |  |  |                                 |   |    |  |  |  |                                   |   |    |  |  |                                 |                              |   |    |  |  |  |                                       |   |    |  |  |                           |                        |   |    |  |  |  |                                 |   |    |  |  |       |    |   |    |  |  |         |                      |  |  |  |  |
| <b>+ - General Damages</b>   | General Damages   2A                  | A                    | A1            |                      |               |  |                              |                      |  |                      |  |  |  |               |               |    |               |                            |                      |   |    |  |  |                             |                       |   |    |  |  |  |                              |   |    |  |  |  |                           |   |    |  |  |                             |                               |   |    |  |  |  |                       |   |    |  |  |  |                              |   |    |  |  |                      |                |   |    |  |  |                      |               |   |    |  |  |  |           |   |    |  |  |                           |                     |   |    |  |  |                        |                     |   |    |  |  |  |                         |   |    |  |  |  |                                 |   |    |  |  |  |                                   |   |    |  |  |                                 |                              |   |    |  |  |  |                                       |   |    |  |  |                           |                        |   |    |  |  |  |                                 |   |    |  |  |       |    |   |    |  |  |         |                      |  |  |  |  |
| <b>+ - Medical Expenses</b>  | Medical Expenses   2B                 | B                    | B1            |                      |               |  |                              |                      |  |                      |  |  |  |               |               |    |               |                            |                      |   |    |  |  |                             |                       |   |    |  |  |  |                              |   |    |  |  |  |                           |   |    |  |  |                             |                               |   |    |  |  |  |                       |   |    |  |  |  |                              |   |    |  |  |                      |                |   |    |  |  |                      |               |   |    |  |  |  |           |   |    |  |  |                           |                     |   |    |  |  |                        |                     |   |    |  |  |  |                         |   |    |  |  |  |                                 |   |    |  |  |  |                                   |   |    |  |  |                                 |                              |   |    |  |  |  |                                       |   |    |  |  |                           |                        |   |    |  |  |  |                                 |   |    |  |  |       |    |   |    |  |  |         |                      |  |  |  |  |
|  | Future Medical Expenses   2C          | C                    | C1            |                      |               |  |                              |                      |  |                      |  |  |  |               |               |    |               |                            |                      |   |    |  |  |                             |                       |   |    |  |  |  |                              |   |    |  |  |  |                           |   |    |  |  |                             |                               |   |    |  |  |  |                       |   |    |  |  |  |                              |   |    |  |  |                      |                |   |    |  |  |                      |               |   |    |  |  |  |           |   |    |  |  |                           |                     |   |    |  |  |                        |                     |   |    |  |  |  |                         |   |    |  |  |  |                                 |   |    |  |  |  |                                   |   |    |  |  |                                 |                              |   |    |  |  |  |                                       |   |    |  |  |                           |                        |   |    |  |  |  |                                 |   |    |  |  |       |    |   |    |  |  |         |                      |  |  |  |  |
|  | LOG Medical Expenses   2D             | D                    | D1            |                      |               |  |                              |                      |  |                      |  |  |  |               |               |    |               |                            |                      |   |    |  |  |                             |                       |   |    |  |  |  |                              |   |    |  |  |  |                           |   |    |  |  |                             |                               |   |    |  |  |  |                       |   |    |  |  |  |                              |   |    |  |  |                      |                |   |    |  |  |                      |               |   |    |  |  |  |           |   |    |  |  |                           |                     |   |    |  |  |                        |                     |   |    |  |  |  |                         |   |    |  |  |  |                                 |   |    |  |  |  |                                   |   |    |  |  |                                 |                              |   |    |  |  |  |                                       |   |    |  |  |                           |                        |   |    |  |  |  |                                 |   |    |  |  |       |    |   |    |  |  |         |                      |  |  |  |  |
| <b>+ - Loss of Earnings</b>  | Loss of Earning Capacity   2E         | E                    | E1            |                      |               |  |                              |                      |  |                      |  |  |  |               |               |    |               |                            |                      |   |    |  |  |                             |                       |   |    |  |  |  |                              |   |    |  |  |  |                           |   |    |  |  |                             |                               |   |    |  |  |  |                       |   |    |  |  |  |                              |   |    |  |  |                      |                |   |    |  |  |                      |               |   |    |  |  |  |           |   |    |  |  |                           |                     |   |    |  |  |                        |                     |   |    |  |  |  |                         |   |    |  |  |  |                                 |   |    |  |  |  |                                   |   |    |  |  |                                 |                              |   |    |  |  |  |                                       |   |    |  |  |                           |                        |   |    |  |  |  |                                 |   |    |  |  |       |    |   |    |  |  |         |                      |  |  |  |  |
|  | Loss of Earnings   2F                 | F                    | F1            |                      |               |  |                              |                      |  |                      |  |  |  |               |               |    |               |                            |                      |   |    |  |  |                             |                       |   |    |  |  |  |                              |   |    |  |  |  |                           |   |    |  |  |                             |                               |   |    |  |  |  |                       |   |    |  |  |  |                              |   |    |  |  |                      |                |   |    |  |  |                      |               |   |    |  |  |  |           |   |    |  |  |                           |                     |   |    |  |  |                        |                     |   |    |  |  |  |                         |   |    |  |  |  |                                 |   |    |  |  |  |                                   |   |    |  |  |                                 |                              |   |    |  |  |  |                                       |   |    |  |  |                           |                        |   |    |  |  |  |                                 |   |    |  |  |       |    |   |    |  |  |         |                      |  |  |  |  |
|  | Loss of Future Earnings   2G          | G                    | G1            |                      |               |  |                              |                      |  |                      |  |  |  |               |               |    |               |                            |                      |   |    |  |  |                             |                       |   |    |  |  |  |                              |   |    |  |  |  |                           |   |    |  |  |                             |                               |   |    |  |  |  |                       |   |    |  |  |  |                              |   |    |  |  |                      |                |   |    |  |  |                      |               |   |    |  |  |  |           |   |    |  |  |                           |                     |   |    |  |  |                        |                     |   |    |  |  |  |                         |   |    |  |  |  |                                 |   |    |  |  |  |                                   |   |    |  |  |                                 |                              |   |    |  |  |  |                                       |   |    |  |  |                           |                        |   |    |  |  |  |                                 |   |    |  |  |       |    |   |    |  |  |         |                      |  |  |  |  |
| <b>+ - Transport</b>   | Transport   2H                        | H                    | H1            |                      |               |  |                              |                      |  |                      |  |  |  |               |               |    |               |                            |                      |   |    |  |  |                             |                       |   |    |  |  |  |                              |   |    |  |  |  |                           |   |    |  |  |                             |                               |   |    |  |  |  |                       |   |    |  |  |  |                              |   |    |  |  |                      |                |   |    |  |  |                      |               |   |    |  |  |  |           |   |    |  |  |                           |                     |   |    |  |  |                        |                     |   |    |  |  |  |                         |   |    |  |  |  |                                 |   |    |  |  |  |                                   |   |    |  |  |                                 |                              |   |    |  |  |  |                                       |   |    |  |  |                           |                        |   |    |  |  |  |                                 |   |    |  |  |       |    |   |    |  |  |         |                      |  |  |  |  |
| <b>+ - Liability</b>   | Liability (%)                         | I                    | I1            |                      |               |  |                              |                      |  |                      |  |  |  |               |               |    |               |                            |                      |   |    |  |  |                             |                       |   |    |  |  |  |                              |   |    |  |  |  |                           |   |    |  |  |                             |                               |   |    |  |  |  |                       |   |    |  |  |  |                              |   |    |  |  |                      |                |   |    |  |  |                      |               |   |    |  |  |  |           |   |    |  |  |                           |                     |   |    |  |  |                        |                     |   |    |  |  |  |                         |   |    |  |  |  |                                 |   |    |  |  |  |                                   |   |    |  |  |                                 |                              |   |    |  |  |  |                                       |   |    |  |  |                           |                        |   |    |  |  |  |                                 |   |    |  |  |       |    |   |    |  |  |         |                      |  |  |  |  |
|  | Sub-Total                             | J                    | J1            |                      |               |  |                              |                      |  |                      |  |  |  |               |               |    |               |                            |                      |   |    |  |  |                             |                       |   |    |  |  |  |                              |   |    |  |  |  |                           |   |    |  |  |                             |                               |   |    |  |  |  |                       |   |    |  |  |  |                              |   |    |  |  |                      |                |   |    |  |  |                      |               |   |    |  |  |  |           |   |    |  |  |                           |                     |   |    |  |  |                        |                     |   |    |  |  |  |                         |   |    |  |  |  |                                 |   |    |  |  |  |                                   |   |    |  |  |                                 |                              |   |    |  |  |  |                                       |   |    |  |  |                           |                        |   |    |  |  |  |                                 |   |    |  |  |       |    |   |    |  |  |         |                      |  |  |  |  |
| <b>+ - Other Expenses</b>  | Other Expenses   2I                   | K                    | K1            |                      |               |  |                              |                      |  |                      |  |  |  |               |               |    |               |                            |                      |   |    |  |  |                             |                       |   |    |  |  |  |                              |   |    |  |  |  |                           |   |    |  |  |                             |                               |   |    |  |  |  |                       |   |    |  |  |  |                              |   |    |  |  |                      |                |   |    |  |  |                      |               |   |    |  |  |  |           |   |    |  |  |                           |                     |   |    |  |  |                        |                     |   |    |  |  |  |                         |   |    |  |  |  |                                 |   |    |  |  |  |                                   |   |    |  |  |                                 |                              |   |    |  |  |  |                                       |   |    |  |  |                           |                        |   |    |  |  |  |                                 |   |    |  |  |       |    |   |    |  |  |         |                      |  |  |  |  |
| <b>+ - Report Fees</b>   | Medical Report   2J                   | L                    | L1            |                      |               |  |                              |                      |  |                      |  |  |  |               |               |    |               |                            |                      |   |    |  |  |                             |                       |   |    |  |  |  |                              |   |    |  |  |  |                           |   |    |  |  |                             |                               |   |    |  |  |  |                       |   |    |  |  |  |                              |   |    |  |  |                      |                |   |    |  |  |                      |               |   |    |  |  |  |           |   |    |  |  |                           |                     |   |    |  |  |                        |                     |   |    |  |  |  |                         |   |    |  |  |  |                                 |   |    |  |  |  |                                   |   |    |  |  |                                 |                              |   |    |  |  |  |                                       |   |    |  |  |                           |                        |   |    |  |  |  |                                 |   |    |  |  |       |    |   |    |  |  |         |                      |  |  |  |  |
|  | Public Trustee Fee   2K               | M                    | M1            |                      |               |  |                              |                      |  |                      |  |  |  |               |               |    |               |                            |                      |   |    |  |  |                             |                       |   |    |  |  |  |                              |   |    |  |  |  |                           |   |    |  |  |                             |                               |   |    |  |  |  |                       |   |    |  |  |  |                              |   |    |  |  |                      |                |   |    |  |  |                      |               |   |    |  |  |  |           |   |    |  |  |                           |                     |   |    |  |  |                        |                     |   |    |  |  |  |                         |   |    |  |  |  |                                 |   |    |  |  |  |                                   |   |    |  |  |                                 |                              |   |    |  |  |  |                                       |   |    |  |  |                           |                        |   |    |  |  |  |                                 |   |    |  |  |       |    |   |    |  |  |         |                      |  |  |  |  |
|  | LTA/GIA/Police Report Fees   2L       | N                    | N1            |                      |               |  |                              |                      |  |                      |  |  |  |               |               |    |               |                            |                      |   |    |  |  |                             |                       |   |    |  |  |  |                              |   |    |  |  |  |                           |   |    |  |  |                             |                               |   |    |  |  |  |                       |   |    |  |  |  |                              |   |    |  |  |                      |                |   |    |  |  |                      |               |   |    |  |  |  |           |   |    |  |  |                           |                     |   |    |  |  |                        |                     |   |    |  |  |  |                         |   |    |  |  |  |                                 |   |    |  |  |  |                                   |   |    |  |  |                                 |                              |   |    |  |  |  |                                       |   |    |  |  |                           |                        |   |    |  |  |  |                                 |   |    |  |  |       |    |   |    |  |  |         |                      |  |  |  |  |
|  | Our Professional Expert Fees   2M     | O                    | O1            |                      |               |  |                              |                      |  |                      |  |  |  |               |               |    |               |                            |                      |   |    |  |  |                             |                       |   |    |  |  |  |                              |   |    |  |  |  |                           |   |    |  |  |                             |                               |   |    |  |  |  |                       |   |    |  |  |  |                              |   |    |  |  |                      |                |   |    |  |  |                      |               |   |    |  |  |  |           |   |    |  |  |                           |                     |   |    |  |  |                        |                     |   |    |  |  |  |                         |   |    |  |  |  |                                 |   |    |  |  |  |                                   |   |    |  |  |                                 |                              |   |    |  |  |  |                                       |   |    |  |  |                           |                        |   |    |  |  |  |                                 |   |    |  |  |       |    |   |    |  |  |         |                      |  |  |  |  |
| <b>+ - 3rd Party Legal Fees</b>  | 3rd Party Lawyer's Cost   2N          | P                    | P1            |                      |               |  |                              |                      |  |                      |  |  |  |               |               |    |               |                            |                      |   |    |  |  |                             |                       |   |    |  |  |  |                              |   |    |  |  |  |                           |   |    |  |  |                             |                               |   |    |  |  |  |                       |   |    |  |  |  |                              |   |    |  |  |                      |                |   |    |  |  |                      |               |   |    |  |  |  |           |   |    |  |  |                           |                     |   |    |  |  |                        |                     |   |    |  |  |  |                         |   |    |  |  |  |                                 |   |    |  |  |  |                                   |   |    |  |  |                                 |                              |   |    |  |  |  |                                       |   |    |  |  |                           |                        |   |    |  |  |  |                                 |   |    |  |  |       |    |   |    |  |  |         |                      |  |  |  |  |
|  | 3rd Party Lawyer's Disbursements   2O | Q                    | Q1            |                      |               |  |                              |                      |  |                      |  |  |  |               |               |    |               |                            |                      |   |    |  |  |                             |                       |   |    |  |  |  |                              |   |    |  |  |  |                           |   |    |  |  |                             |                               |   |    |  |  |  |                       |   |    |  |  |  |                              |   |    |  |  |                      |                |   |    |  |  |                      |               |   |    |  |  |  |           |   |    |  |  |                           |                     |   |    |  |  |                        |                     |   |    |  |  |  |                         |   |    |  |  |  |                                 |   |    |  |  |  |                                   |   |    |  |  |                                 |                              |   |    |  |  |  |                                       |   |    |  |  |                           |                        |   |    |  |  |  |                                 |   |    |  |  |       |    |   |    |  |  |         |                      |  |  |  |  |
| <b>+ - Our Legal Fees</b>  | Our Lawyer's Cost   2P                | R                    | R1            |                      |               |  |                              |                      |  |                      |  |  |  |               |               |    |               |                            |                      |   |    |  |  |                             |                       |   |    |  |  |  |                              |   |    |  |  |  |                           |   |    |  |  |                             |                               |   |    |  |  |  |                       |   |    |  |  |  |                              |   |    |  |  |                      |                |   |    |  |  |                      |               |   |    |  |  |  |           |   |    |  |  |                           |                     |   |    |  |  |                        |                     |   |    |  |  |  |                         |   |    |  |  |  |                                 |   |    |  |  |  |                                   |   |    |  |  |                                 |                              |   |    |  |  |  |                                       |   |    |  |  |                           |                        |   |    |  |  |  |                                 |   |    |  |  |       |    |   |    |  |  |         |                      |  |  |  |  |
|  | Our Lawyer's Disbursements   2Q       | S                    | S1            |                      |               |  |                              |                      |  |                      |  |  |  |               |               |    |               |                            |                      |   |    |  |  |                             |                       |   |    |  |  |  |                              |   |    |  |  |  |                           |   |    |  |  |                             |                               |   |    |  |  |  |                       |   |    |  |  |  |                              |   |    |  |  |                      |                |   |    |  |  |                      |               |   |    |  |  |  |           |   |    |  |  |                           |                     |   |    |  |  |                        |                     |   |    |  |  |  |                         |   |    |  |  |  |                                 |   |    |  |  |  |                                   |   |    |  |  |                                 |                              |   |    |  |  |  |                                       |   |    |  |  |                           |                        |   |    |  |  |  |                                 |   |    |  |  |       |    |   |    |  |  |         |                      |  |  |  |  |
| Total  | 2R                                    | T                    | T1            |                      |               |  |                              |                      |  |                      |  |  |  |               |               |    |               |                            |                      |   |    |  |  |                             |                       |   |    |  |  |  |                              |   |    |  |  |  |                           |   |    |  |  |                             |                               |   |    |  |  |  |                       |   |    |  |  |  |                              |   |    |  |  |                      |                |   |    |  |  |                      |               |   |    |  |  |  |           |   |    |  |  |                           |                     |   |    |  |  |                        |                     |   |    |  |  |  |                         |   |    |  |  |  |                                 |   |    |  |  |  |                                   |   |    |  |  |                                 |                              |   |    |  |  |  |                                       |   |    |  |  |                           |                        |   |    |  |  |  |                                 |   |    |  |  |       |    |   |    |  |  |         |                      |  |  |  |  |
| Remarks  | <input type="text"/>                  |                      |               |                      |               |  |                              |                      |  |                      |  |  |  |               |               |    |               |                            |                      |   |    |  |  |                             |                       |   |    |  |  |  |                              |   |    |  |  |  |                           |   |    |  |  |                             |                               |   |    |  |  |  |                       |   |    |  |  |  |                              |   |    |  |  |                      |                |   |    |  |  |                      |               |   |    |  |  |  |           |   |    |  |  |                           |                     |   |    |  |  |                        |                     |   |    |  |  |  |                         |   |    |  |  |  |                                 |   |    |  |  |  |                                   |   |    |  |  |                                 |                              |   |    |  |  |  |                                       |   |    |  |  |                           |                        |   |    |  |  |  |                                 |   |    |  |  |       |    |   |    |  |  |         |                      |  |  |  |  |

## TPBI Counter Offer Mandate Request

| TPBI Claim                      |                                  |  |                                     |                      |           |
|---------------------------------|----------------------------------|--|-------------------------------------|----------------------|-----------|
| Assigned To                     | Type of Claim                    | Investigation Result                       |                                     |                      |           |
| Scenario                        |                                  |  |                                     |                      |           |
| Evidence                        | <input type="checkbox"/> CCTV    | <input type="checkbox"/> Witness Statement | <input type="checkbox"/> Scene Pics |                      |           |
| Related Facts                   |                                  |  |                                     |                      |           |
| CO's Assessment                 |                                  |  |                                     |                      |           |
| TPBI Claim Breakdown            |                                  |  |                                     |                      |           |
|                                 | 3rd Party's<br>Claim Quantum     | Our Previous<br>Offer                      | 3rd Party's<br>Counter Offer        | CO's Recommendations |           |
| <b>+/- General Damages</b>      | General Damages                  | 2A   | 4A                                  | 3A                   | A      A1 |
| <b>+/- Medical Expenses</b>     | Medical Expenses                 | 2B   | 4B                                  | 3B                   | B      B1 |
|                                 | Future Medical Expenses          | 2C   | 4C                                  | 3C                   | C      C1 |
|                                 | LOG Medical Expenses             | 2D   | 4D                                  | 3D                   | D      D1 |
| <b>+/- Loss of Earnings</b>     | Loss of Earning Capacity         | 2E   | 4E                                  | 3E                   | E      E1 |
|                                 | Loss of Earnings                 | 2F   | 4F                                  | 3F                   | F      F1 |
|                                 | Loss of Future Earnings          | 2G   | 4G                                  | 3G                   | G      G1 |
| <b>+/- Transport</b>            | Transport                        | 2H   | 4H                                  | 3H                   | H      H1 |
| <b>+/- Liability</b>            | Liability (%)                    | 4I   | 3I                                  | I                    | I1        |
|                                 | Sub-Total                        | 4J   | 3J                                  | J                    | J1        |
| <b>+/- Other Expenses</b>       | Other Expenses                   | 2I   | 4K                                  | 3K                   | K      K1 |
| <b>+/- Report Fees</b>          | Medical Report                   | 2J   | 4L                                  | 3L                   | L      L1 |
|                                 | Public Trustee Fee               | 2K   | 4M                                  | 3M                   | M      M1 |
|                                 | LTA/GIA/Police Report Fees       | 2L   | 4N                                  | 3N                   | N      N1 |
|                                 | Our Professional Expert Fees     | 2M   | 4O                                  | 3O                   | O      O1 |
| <b>+/- 3rd Party Legal Fees</b> | 3rd Party Lawyer's Cost          | 2N   | 4P                                  | 3P                   | P      P1 |
|                                 | 3rd Party Lawyer's Disbursements | 2O   | 4Q                                  | 3Q                   | Q      Q1 |
| <b>+/- Our Legal Fees</b>       | Our Lawyer's Cost                | 2P   | 4R                                  | 3R                   | R      R1 |
|                                 | Our Lawyer's Disbursements       | 2Q   | 4S                                  | 3S                   | S      S1 |
|                                 | Total                            | 2R   | 4T                                  | 3T                   | T      T1 |
| Remarks                         | <br><br><br>                     |  |                                     |                      |           |

User will enter data except calculated field like 4G, 3G, G & G1

$$\begin{aligned}
 J &= (A+B+C+D+E+F+G+H) * I \\
 J1 &= (A1+B1+C1+D1+E1+F1+G1+H1) * I1 \\
 4J &= (4A+4B+4C+4D+4E+4F+4G+4H) * 4I \\
 3J &= (3A+3B+3C+3D+3E+3F+3G+3H) * 3I
 \end{aligned}$$

$$\begin{aligned}
 T &= J+K+L+M+N+O+P+Q+R+S \\
 T1 &= J1+K1+L1+M1+N1+O1+P1+Q1+R1+S1 \\
 4T &= 4J+4K+4L+4M+4N+4O+4P+4Q+4R+4S \\
 3T &= 3J+3K+3L+3M+3N+3O+3P+3Q+3R+3S
 \end{aligned}$$

## TPBI Counter Offer Mandate Approval

| Mandate Details   |   |               |                      |               |                      |               |             |              |             |                      |  |                      |  |               |       |               |               |               |               |               |                        |                        |           |           |           |          |           |                         |                         |           |           |           |          |           |  |                                |           |           |           |          |           |  |                             |           |           |           |          |           |                         |                                 |           |           |           |          |           |  |                         |           |           |           |          |           |  |                                |           |           |           |          |           |                  |                  |           |           |           |          |           |                  |                      |           |           |          |           |  |  |                  |           |           |          |           |  |                       |                       |           |           |           |          |           |                    |                       |           |           |           |          |           |  |                           |           |           |           |          |           |  |                                   |           |           |           |          |           |  |                                     |           |           |           |          |           |                             |                                |           |           |           |          |           |  |   |           |           |           |          |           |                       |                          |           |           |           |          |           |  |                                   |           |           |           |          |           |  |              |           |           |           |          |           |                              |  |  |  |  |  |  |
|---|---|---------------|----------------------|---------------|----------------------|---------------|-------------|--------------|-------------|----------------------|--|----------------------|--|---------------|-------|---------------|---------------|---------------|---------------|---------------|------------------------|------------------------|-----------|-----------|-----------|----------|-----------|-------------------------|-------------------------|-----------|-----------|-----------|----------|-----------|--|--------------------------------|-----------|-----------|-----------|----------|-----------|--|-----------------------------|-----------|-----------|-----------|----------|-----------|-------------------------|---------------------------------|-----------|-----------|-----------|----------|-----------|--|-------------------------|-----------|-----------|-----------|----------|-----------|--|--------------------------------|-----------|-----------|-----------|----------|-----------|------------------|------------------|-----------|-----------|-----------|----------|-----------|------------------|----------------------|-----------|-----------|----------|-----------|--|--|------------------|-----------|-----------|----------|-----------|--|-----------------------|-----------------------|-----------|-----------|-----------|----------|-----------|--------------------|-----------------------|-----------|-----------|-----------|----------|-----------|--|---------------------------|-----------|-----------|-----------|----------|-----------|--|-----------------------------------|-----------|-----------|-----------|----------|-----------|--|-------------------------------------|-----------|-----------|-----------|----------|-----------|-----------------------------|--------------------------------|-----------|-----------|-----------|----------|-----------|--|---|-----------|-----------|-----------|----------|-----------|-----------------------|--------------------------|-----------|-----------|-----------|----------|-----------|--|-----------------------------------|-----------|-----------|-----------|----------|-----------|--|--------------|-----------|-----------|-----------|----------|-----------|------------------------------|--|--|--|--|--|--|
| Assigned To <input type="text"/> Type of Claim <input type="text"/> Investigation Result <input type="text"/><br>Scenario <input type="text"/><br>Evidence <input type="checkbox"/> CCTV <input type="checkbox"/> Witness Statement <input type="checkbox"/> Scene Pics<br>Related Facts <input type="text"/><br>CO's Assessment <input type="text"/>   |   |               |                      |               |                      |               |             |              |             |                      |  |                      |  |               |       |               |               |               |               |               |                        |                        |           |           |           |          |           |                         |                         |           |           |           |          |           |  |                                |           |           |           |          |           |  |                             |           |           |           |          |           |                         |                                 |           |           |           |          |           |  |                         |           |           |           |          |           |  |                                |           |           |           |          |           |                  |                  |           |           |           |          |           |                  |                      |           |           |          |           |  |  |                  |           |           |          |           |  |                       |                       |           |           |           |          |           |                    |                       |           |           |           |          |           |  |                           |           |           |           |          |           |  |                                   |           |           |           |          |           |  |                                     |           |           |           |          |           |                             |                                |           |           |           |          |           |  |   |           |           |           |          |           |                       |                          |           |           |           |          |           |  |                                   |           |           |           |          |           |  |              |           |           |           |          |           |                              |  |  |  |  |  |  |
| Supervisor Approval   |   |               |                      |               |                      |               |             |              |             |                      |  |                      |  |               |       |               |               |               |               |               |                        |                        |           |           |           |          |           |                         |                         |           |           |           |          |           |  |                                |           |           |           |          |           |  |                             |           |           |           |          |           |                         |                                 |           |           |           |          |           |  |                         |           |           |           |          |           |  |                                |           |           |           |          |           |                  |                  |           |           |           |          |           |                  |                      |           |           |          |           |  |  |                  |           |           |          |           |  |                       |                       |           |           |           |          |           |                    |                       |           |           |           |          |           |  |                           |           |           |           |          |           |  |                                   |           |           |           |          |           |  |                                     |           |           |           |          |           |                             |                                |           |           |           |          |           |  |   |           |           |           |          |           |                       |                          |           |           |           |          |           |  |                                   |           |           |           |          |           |  |              |           |           |           |          |           |                              |  |  |  |  |  |  |
| Assigned To <input type="text"/><br>Approve Recommendations? <input type="radio"/> Yes <input type="radio"/> No<br>Supervisor's Remark <input type="text"/>   |   |               |                      |               |                      |               |             |              |             |                      |  |                      |  |               |       |               |               |               |               |               |                        |                        |           |           |           |          |           |                         |                         |           |           |           |          |           |  |                                |           |           |           |          |           |  |                             |           |           |           |          |           |                         |                                 |           |           |           |          |           |  |                         |           |           |           |          |           |  |                                |           |           |           |          |           |                  |                  |           |           |           |          |           |                  |                      |           |           |          |           |  |  |                  |           |           |          |           |  |                       |                       |           |           |           |          |           |                    |                       |           |           |           |          |           |  |                           |           |           |           |          |           |  |                                   |           |           |           |          |           |  |                                     |           |           |           |          |           |                             |                                |           |           |           |          |           |  |   |           |           |           |          |           |                       |                          |           |           |           |          |           |  |                                   |           |           |           |          |           |  |              |           |           |           |          |           |                              |  |  |  |  |  |  |
| <b>Will be the CO whom issued the mandate request to the supervisor</b>   |   |               |                      |               |                      |               |             |              |             |                      |  |                      |  |               |       |               |               |               |               |               |                        |                        |           |           |           |          |           |                         |                         |           |           |           |          |           |  |                                |           |           |           |          |           |  |                             |           |           |           |          |           |                         |                                 |           |           |           |          |           |  |                         |           |           |           |          |           |  |                                |           |           |           |          |           |                  |                  |           |           |           |          |           |                  |                      |           |           |          |           |  |  |                  |           |           |          |           |  |                       |                       |           |           |           |          |           |                    |                       |           |           |           |          |           |  |                           |           |           |           |          |           |  |                                   |           |           |           |          |           |  |                                     |           |           |           |          |           |                             |                                |           |           |           |          |           |  |   |           |           |           |          |           |                       |                          |           |           |           |          |           |  |                                   |           |           |           |          |           |  |              |           |           |           |          |           |                              |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">3rd Party's</th> <th style="width: 15%;">Our Previous</th> <th style="width: 15%;">3rd Party's</th> <th colspan="2">CO's Recommendations</th> <th colspan="2">Supervisor's Mandate</th> </tr> <tr> <th>Claim Quantum</th> <th>Offer</th> <th>Counter Offer</th> <th>Minimum Offer</th> <th>Maximum Offer</th> <th>Minimum Offer</th> <th>Maximum Offer</th> </tr> </thead> <tbody> <tr> <td><b>General Damages</b></td> <td><b>General Damages</b></td> <td><b>2A</b></td> <td><b>4A</b></td> <td><b>3A</b></td> <td><b>A</b></td> <td><b>A1</b></td> </tr> <tr> <td><b>Medical Expenses</b></td> <td><b>Medical Expenses</b></td> <td><b>2B</b></td> <td><b>4B</b></td> <td><b>3B</b></td> <td><b>B</b></td> <td><b>B1</b></td> </tr> <tr> <td></td> <td><b>Future Medical Expenses</b></td> <td><b>2C</b></td> <td><b>4C</b></td> <td><b>3C</b></td> <td><b>C</b></td> <td><b>C1</b></td> </tr> <tr> <td></td> <td><b>LOG Medical Expenses</b></td> <td><b>2D</b></td> <td><b>4D</b></td> <td><b>3D</b></td> <td><b>D</b></td> <td><b>D1</b></td> </tr> <tr> <td><b>Loss of Earnings</b></td> <td><b>Loss of Earning Capacity</b></td> <td><b>2E</b></td> <td><b>4E</b></td> <td><b>3E</b></td> <td><b>E</b></td> <td><b>E1</b></td> </tr> <tr> <td></td> <td><b>Loss of Earnings</b></td> <td><b>2F</b></td> <td><b>4F</b></td> <td><b>3F</b></td> <td><b>F</b></td> <td><b>F1</b></td> </tr> <tr> <td></td> <td><b>Loss of Future Earnings</b></td> <td><b>2G</b></td> <td><b>4G</b></td> <td><b>3G</b></td> <td><b>G</b></td> <td><b>G1</b></td> </tr> <tr> <td><b>Transport</b></td> <td><b>Transport</b></td> <td><b>2H</b></td> <td><b>4H</b></td> <td><b>3H</b></td> <td><b>H</b></td> <td><b>H1</b></td> </tr> <tr> <td><b>Liability</b></td> <td><b>Liability (%)</b></td> <td><b>4I</b></td> <td><b>3I</b></td> <td><b>I</b></td> <td><b>I1</b></td> <td></td> </tr> <tr> <td></td> <td><b>Sub-Total</b></td> <td><b>4J</b></td> <td><b>3J</b></td> <td><b>J</b></td> <td><b>J1</b></td> <td></td> </tr> <tr> <td><b>Other Expenses</b></td> <td><b>Other Expenses</b></td> <td><b>2K</b></td> <td><b>4K</b></td> <td><b>3K</b></td> <td><b>K</b></td> <td><b>K1</b></td> </tr> <tr> <td><b>Report Fees</b></td> <td><b>Medical Report</b></td> <td><b>2L</b></td> <td><b>4L</b></td> <td><b>3L</b></td> <td><b>L</b></td> <td><b>L1</b></td> </tr> <tr> <td></td> <td><b>Public Trustee Fee</b></td> <td><b>2M</b></td> <td><b>4M</b></td> <td><b>3M</b></td> <td><b>M</b></td> <td><b>M1</b></td> </tr> <tr> <td></td> <td><b>LTA/GIA/Police Report Fees</b></td> <td><b>2N</b></td> <td><b>4N</b></td> <td><b>3N</b></td> <td><b>N</b></td> <td><b>N1</b></td> </tr> <tr> <td></td> <td><b>Our Professional Expert Fees</b></td> <td><b>2O</b></td> <td><b>4O</b></td> <td><b>3O</b></td> <td><b>O</b></td> <td><b>O1</b></td> </tr> <tr> <td><b>3rd Party Legal Fees</b></td> <td><b>3rd Party Lawyer's Cost</b></td> <td><b>2P</b></td> <td><b>4P</b></td> <td><b>3P</b></td> <td><b>P</b></td> <td><b>P1</b></td> </tr> <tr> <td></td> <td><b>3rd Party Lawyer's Disbursements</b></td> <td><b>2Q</b></td> <td><b>4Q</b></td> <td><b>3Q</b></td> <td><b>Q</b></td> <td><b>Q1</b></td> </tr> <tr> <td><b>Our Legal Fees</b></td> <td><b>Our Lawyer's Cost</b></td> <td><b>2R</b></td> <td><b>4R</b></td> <td><b>3R</b></td> <td><b>R</b></td> <td><b>R1</b></td> </tr> <tr> <td></td> <td><b>Our Lawyer's Disbursements</b></td> <td><b>2S</b></td> <td><b>4S</b></td> <td><b>3S</b></td> <td><b>S</b></td> <td><b>S1</b></td> </tr> <tr> <td></td> <td><b>Total</b></td> <td><b>2T</b></td> <td><b>4T</b></td> <td><b>3T</b></td> <td><b>T</b></td> <td><b>T1</b></td> </tr> <tr> <td colspan="7">Remarks <input type="text"/></td> </tr> </tbody> </table> |   |               |                      |               |                      |               | 3rd Party's | Our Previous | 3rd Party's | CO's Recommendations |  | Supervisor's Mandate |  | Claim Quantum | Offer | Counter Offer | Minimum Offer | Maximum Offer | Minimum Offer | Maximum Offer | <b>General Damages</b> | <b>General Damages</b> | <b>2A</b> | <b>4A</b> | <b>3A</b> | <b>A</b> | <b>A1</b> | <b>Medical Expenses</b> | <b>Medical Expenses</b> | <b>2B</b> | <b>4B</b> | <b>3B</b> | <b>B</b> | <b>B1</b> |  | <b>Future Medical Expenses</b> | <b>2C</b> | <b>4C</b> | <b>3C</b> | <b>C</b> | <b>C1</b> |  | <b>LOG Medical Expenses</b> | <b>2D</b> | <b>4D</b> | <b>3D</b> | <b>D</b> | <b>D1</b> | <b>Loss of Earnings</b> | <b>Loss of Earning Capacity</b> | <b>2E</b> | <b>4E</b> | <b>3E</b> | <b>E</b> | <b>E1</b> |  | <b>Loss of Earnings</b> | <b>2F</b> | <b>4F</b> | <b>3F</b> | <b>F</b> | <b>F1</b> |  | <b>Loss of Future Earnings</b> | <b>2G</b> | <b>4G</b> | <b>3G</b> | <b>G</b> | <b>G1</b> | <b>Transport</b> | <b>Transport</b> | <b>2H</b> | <b>4H</b> | <b>3H</b> | <b>H</b> | <b>H1</b> | <b>Liability</b> | <b>Liability (%)</b> | <b>4I</b> | <b>3I</b> | <b>I</b> | <b>I1</b> |  |  | <b>Sub-Total</b> | <b>4J</b> | <b>3J</b> | <b>J</b> | <b>J1</b> |  | <b>Other Expenses</b> | <b>Other Expenses</b> | <b>2K</b> | <b>4K</b> | <b>3K</b> | <b>K</b> | <b>K1</b> | <b>Report Fees</b> | <b>Medical Report</b> | <b>2L</b> | <b>4L</b> | <b>3L</b> | <b>L</b> | <b>L1</b> |  | <b>Public Trustee Fee</b> | <b>2M</b> | <b>4M</b> | <b>3M</b> | <b>M</b> | <b>M1</b> |  | <b>LTA/GIA/Police Report Fees</b> | <b>2N</b> | <b>4N</b> | <b>3N</b> | <b>N</b> | <b>N1</b> |  | <b>Our Professional Expert Fees</b> | <b>2O</b> | <b>4O</b> | <b>3O</b> | <b>O</b> | <b>O1</b> | <b>3rd Party Legal Fees</b> | <b>3rd Party Lawyer's Cost</b> | <b>2P</b> | <b>4P</b> | <b>3P</b> | <b>P</b> | <b>P1</b> |  | <b>3rd Party Lawyer's Disbursements</b> | <b>2Q</b> | <b>4Q</b> | <b>3Q</b> | <b>Q</b> | <b>Q1</b> | <b>Our Legal Fees</b> | <b>Our Lawyer's Cost</b> | <b>2R</b> | <b>4R</b> | <b>3R</b> | <b>R</b> | <b>R1</b> |  | <b>Our Lawyer's Disbursements</b> | <b>2S</b> | <b>4S</b> | <b>3S</b> | <b>S</b> | <b>S1</b> |  | <b>Total</b> | <b>2T</b> | <b>4T</b> | <b>3T</b> | <b>T</b> | <b>T1</b> | Remarks <input type="text"/> |  |  |  |  |  |  |
| 3rd Party's   | Our Previous                            | 3rd Party's   | CO's Recommendations |               | Supervisor's Mandate |               |             |              |             |                      |  |                      |  |               |       |               |               |               |               |               |                        |                        |           |           |           |          |           |                         |                         |           |           |           |          |           |  |                                |           |           |           |          |           |  |                             |           |           |           |          |           |                         |                                 |           |           |           |          |           |  |                         |           |           |           |          |           |  |                                |           |           |           |          |           |                  |                  |           |           |           |          |           |                  |                      |           |           |          |           |  |  |                  |           |           |          |           |  |                       |                       |           |           |           |          |           |                    |                       |           |           |           |          |           |  |                           |           |           |           |          |           |  |                                   |           |           |           |          |           |  |                                     |           |           |           |          |           |                             |                                |           |           |           |          |           |  |   |           |           |           |          |           |                       |                          |           |           |           |          |           |  |                                   |           |           |           |          |           |  |              |           |           |           |          |           |                              |  |  |  |  |  |  |
| Claim Quantum   | Offer                                   | Counter Offer | Minimum Offer        | Maximum Offer | Minimum Offer        | Maximum Offer |             |              |             |                      |  |                      |  |               |       |               |               |               |               |               |                        |                        |           |           |           |          |           |                         |                         |           |           |           |          |           |  |                                |           |           |           |          |           |  |                             |           |           |           |          |           |                         |                                 |           |           |           |          |           |  |                         |           |           |           |          |           |  |                                |           |           |           |          |           |                  |                  |           |           |           |          |           |                  |                      |           |           |          |           |  |  |                  |           |           |          |           |  |                       |                       |           |           |           |          |           |                    |                       |           |           |           |          |           |  |                           |           |           |           |          |           |  |                                   |           |           |           |          |           |  |                                     |           |           |           |          |           |                             |                                |           |           |           |          |           |  |   |           |           |           |          |           |                       |                          |           |           |           |          |           |  |                                   |           |           |           |          |           |  |              |           |           |           |          |           |                              |  |  |  |  |  |  |
| <b>General Damages</b>  | <b>General Damages</b>                  | <b>2A</b>     | <b>4A</b>            | <b>3A</b>     | <b>A</b>             | <b>A1</b>     |             |              |             |                      |  |                      |  |               |       |               |               |               |               |               |                        |                        |           |           |           |          |           |                         |                         |           |           |           |          |           |  |                                |           |           |           |          |           |  |                             |           |           |           |          |           |                         |                                 |           |           |           |          |           |  |                         |           |           |           |          |           |  |                                |           |           |           |          |           |                  |                  |           |           |           |          |           |                  |                      |           |           |          |           |  |  |                  |           |           |          |           |  |                       |                       |           |           |           |          |           |                    |                       |           |           |           |          |           |  |                           |           |           |           |          |           |  |                                   |           |           |           |          |           |  |                                     |           |           |           |          |           |                             |                                |           |           |           |          |           |  |   |           |           |           |          |           |                       |                          |           |           |           |          |           |  |                                   |           |           |           |          |           |  |              |           |           |           |          |           |                              |  |  |  |  |  |  |
| <b>Medical Expenses</b>   | <b>Medical Expenses</b>                 | <b>2B</b>     | <b>4B</b>            | <b>3B</b>     | <b>B</b>             | <b>B1</b>     |             |              |             |                      |  |                      |  |               |       |               |               |               |               |               |                        |                        |           |           |           |          |           |                         |                         |           |           |           |          |           |  |                                |           |           |           |          |           |  |                             |           |           |           |          |           |                         |                                 |           |           |           |          |           |  |                         |           |           |           |          |           |  |                                |           |           |           |          |           |                  |                  |           |           |           |          |           |                  |                      |           |           |          |           |  |  |                  |           |           |          |           |  |                       |                       |           |           |           |          |           |                    |                       |           |           |           |          |           |  |                           |           |           |           |          |           |  |                                   |           |           |           |          |           |  |                                     |           |           |           |          |           |                             |                                |           |           |           |          |           |  |   |           |           |           |          |           |                       |                          |           |           |           |          |           |  |                                   |           |           |           |          |           |  |              |           |           |           |          |           |                              |  |  |  |  |  |  |
|   | <b>Future Medical Expenses</b>          | <b>2C</b>     | <b>4C</b>            | <b>3C</b>     | <b>C</b>             | <b>C1</b>     |             |              |             |                      |  |                      |  |               |       |               |               |               |               |               |                        |                        |           |           |           |          |           |                         |                         |           |           |           |          |           |  |                                |           |           |           |          |           |  |                             |           |           |           |          |           |                         |                                 |           |           |           |          |           |  |                         |           |           |           |          |           |  |                                |           |           |           |          |           |                  |                  |           |           |           |          |           |                  |                      |           |           |          |           |  |  |                  |           |           |          |           |  |                       |                       |           |           |           |          |           |                    |                       |           |           |           |          |           |  |                           |           |           |           |          |           |  |                                   |           |           |           |          |           |  |                                     |           |           |           |          |           |                             |                                |           |           |           |          |           |  |   |           |           |           |          |           |                       |                          |           |           |           |          |           |  |                                   |           |           |           |          |           |  |              |           |           |           |          |           |                              |  |  |  |  |  |  |
|   | <b>LOG Medical Expenses</b>             | <b>2D</b>     | <b>4D</b>            | <b>3D</b>     | <b>D</b>             | <b>D1</b>     |             |              |             |                      |  |                      |  |               |       |               |               |               |               |               |                        |                        |           |           |           |          |           |                         |                         |           |           |           |          |           |  |                                |           |           |           |          |           |  |                             |           |           |           |          |           |                         |                                 |           |           |           |          |           |  |                         |           |           |           |          |           |  |                                |           |           |           |          |           |                  |                  |           |           |           |          |           |                  |                      |           |           |          |           |  |  |                  |           |           |          |           |  |                       |                       |           |           |           |          |           |                    |                       |           |           |           |          |           |  |                           |           |           |           |          |           |  |                                   |           |           |           |          |           |  |                                     |           |           |           |          |           |                             |                                |           |           |           |          |           |  |   |           |           |           |          |           |                       |                          |           |           |           |          |           |  |                                   |           |           |           |          |           |  |              |           |           |           |          |           |                              |  |  |  |  |  |  |
| <b>Loss of Earnings</b>   | <b>Loss of Earning Capacity</b>         | <b>2E</b>     | <b>4E</b>            | <b>3E</b>     | <b>E</b>             | <b>E1</b>     |             |              |             |                      |  |                      |  |               |       |               |               |               |               |               |                        |                        |           |           |           |          |           |                         |                         |           |           |           |          |           |  |                                |           |           |           |          |           |  |                             |           |           |           |          |           |                         |                                 |           |           |           |          |           |  |                         |           |           |           |          |           |  |                                |           |           |           |          |           |                  |                  |           |           |           |          |           |                  |                      |           |           |          |           |  |  |                  |           |           |          |           |  |                       |                       |           |           |           |          |           |                    |                       |           |           |           |          |           |  |                           |           |           |           |          |           |  |                                   |           |           |           |          |           |  |                                     |           |           |           |          |           |                             |                                |           |           |           |          |           |  |   |           |           |           |          |           |                       |                          |           |           |           |          |           |  |                                   |           |           |           |          |           |  |              |           |           |           |          |           |                              |  |  |  |  |  |  |
|   | <b>Loss of Earnings</b>                 | <b>2F</b>     | <b>4F</b>            | <b>3F</b>     | <b>F</b>             | <b>F1</b>     |             |              |             |                      |  |                      |  |               |       |               |               |               |               |               |                        |                        |           |           |           |          |           |                         |                         |           |           |           |          |           |  |                                |           |           |           |          |           |  |                             |           |           |           |          |           |                         |                                 |           |           |           |          |           |  |                         |           |           |           |          |           |  |                                |           |           |           |          |           |                  |                  |           |           |           |          |           |                  |                      |           |           |          |           |  |  |                  |           |           |          |           |  |                       |                       |           |           |           |          |           |                    |                       |           |           |           |          |           |  |                           |           |           |           |          |           |  |                                   |           |           |           |          |           |  |                                     |           |           |           |          |           |                             |                                |           |           |           |          |           |  |   |           |           |           |          |           |                       |                          |           |           |           |          |           |  |                                   |           |           |           |          |           |  |              |           |           |           |          |           |                              |  |  |  |  |  |  |
|   | <b>Loss of Future Earnings</b>          | <b>2G</b>     | <b>4G</b>            | <b>3G</b>     | <b>G</b>             | <b>G1</b>     |             |              |             |                      |  |                      |  |               |       |               |               |               |               |               |                        |                        |           |           |           |          |           |                         |                         |           |           |           |          |           |  |                                |           |           |           |          |           |  |                             |           |           |           |          |           |                         |                                 |           |           |           |          |           |  |                         |           |           |           |          |           |  |                                |           |           |           |          |           |                  |                  |           |           |           |          |           |                  |                      |           |           |          |           |  |  |                  |           |           |          |           |  |                       |                       |           |           |           |          |           |                    |                       |           |           |           |          |           |  |                           |           |           |           |          |           |  |                                   |           |           |           |          |           |  |                                     |           |           |           |          |           |                             |                                |           |           |           |          |           |  |   |           |           |           |          |           |                       |                          |           |           |           |          |           |  |                                   |           |           |           |          |           |  |              |           |           |           |          |           |                              |  |  |  |  |  |  |
| <b>Transport</b>  | <b>Transport</b>                        | <b>2H</b>     | <b>4H</b>            | <b>3H</b>     | <b>H</b>             | <b>H1</b>     |             |              |             |                      |  |                      |  |               |       |               |               |               |               |               |                        |                        |           |           |           |          |           |                         |                         |           |           |           |          |           |  |                                |           |           |           |          |           |  |                             |           |           |           |          |           |                         |                                 |           |           |           |          |           |  |                         |           |           |           |          |           |  |                                |           |           |           |          |           |                  |                  |           |           |           |          |           |                  |                      |           |           |          |           |  |  |                  |           |           |          |           |  |                       |                       |           |           |           |          |           |                    |                       |           |           |           |          |           |  |                           |           |           |           |          |           |  |                                   |           |           |           |          |           |  |                                     |           |           |           |          |           |                             |                                |           |           |           |          |           |  |   |           |           |           |          |           |                       |                          |           |           |           |          |           |  |                                   |           |           |           |          |           |  |              |           |           |           |          |           |                              |  |  |  |  |  |  |
| <b>Liability</b>  | <b>Liability (%)</b>                    | <b>4I</b>     | <b>3I</b>            | <b>I</b>      | <b>I1</b>            |               |             |              |             |                      |  |                      |  |               |       |               |               |               |               |               |                        |                        |           |           |           |          |           |                         |                         |           |           |           |          |           |  |                                |           |           |           |          |           |  |                             |           |           |           |          |           |                         |                                 |           |           |           |          |           |  |                         |           |           |           |          |           |  |                                |           |           |           |          |           |                  |                  |           |           |           |          |           |                  |                      |           |           |          |           |  |  |                  |           |           |          |           |  |                       |                       |           |           |           |          |           |                    |                       |           |           |           |          |           |  |                           |           |           |           |          |           |  |                                   |           |           |           |          |           |  |                                     |           |           |           |          |           |                             |                                |           |           |           |          |           |  |   |           |           |           |          |           |                       |                          |           |           |           |          |           |  |                                   |           |           |           |          |           |  |              |           |           |           |          |           |                              |  |  |  |  |  |  |
|   | <b>Sub-Total</b>                        | <b>4J</b>     | <b>3J</b>            | <b>J</b>      | <b>J1</b>            |               |             |              |             |                      |  |                      |  |               |       |               |               |               |               |               |                        |                        |           |           |           |          |           |                         |                         |           |           |           |          |           |  |                                |           |           |           |          |           |  |                             |           |           |           |          |           |                         |                                 |           |           |           |          |           |  |                         |           |           |           |          |           |  |                                |           |           |           |          |           |                  |                  |           |           |           |          |           |                  |                      |           |           |          |           |  |  |                  |           |           |          |           |  |                       |                       |           |           |           |          |           |                    |                       |           |           |           |          |           |  |                           |           |           |           |          |           |  |                                   |           |           |           |          |           |  |                                     |           |           |           |          |           |                             |                                |           |           |           |          |           |  |   |           |           |           |          |           |                       |                          |           |           |           |          |           |  |                                   |           |           |           |          |           |  |              |           |           |           |          |           |                              |  |  |  |  |  |  |
| <b>Other Expenses</b>   | <b>Other Expenses</b>                   | <b>2K</b>     | <b>4K</b>            | <b>3K</b>     | <b>K</b>             | <b>K1</b>     |             |              |             |                      |  |                      |  |               |       |               |               |               |               |               |                        |                        |           |           |           |          |           |                         |                         |           |           |           |          |           |  |                                |           |           |           |          |           |  |                             |           |           |           |          |           |                         |                                 |           |           |           |          |           |  |                         |           |           |           |          |           |  |                                |           |           |           |          |           |                  |                  |           |           |           |          |           |                  |                      |           |           |          |           |  |  |                  |           |           |          |           |  |                       |                       |           |           |           |          |           |                    |                       |           |           |           |          |           |  |                           |           |           |           |          |           |  |                                   |           |           |           |          |           |  |                                     |           |           |           |          |           |                             |                                |           |           |           |          |           |  |   |           |           |           |          |           |                       |                          |           |           |           |          |           |  |                                   |           |           |           |          |           |  |              |           |           |           |          |           |                              |  |  |  |  |  |  |
| <b>Report Fees</b>  | <b>Medical Report</b>                   | <b>2L</b>     | <b>4L</b>            | <b>3L</b>     | <b>L</b>             | <b>L1</b>     |             |              |             |                      |  |                      |  |               |       |               |               |               |               |               |                        |                        |           |           |           |          |           |                         |                         |           |           |           |          |           |  |                                |           |           |           |          |           |  |                             |           |           |           |          |           |                         |                                 |           |           |           |          |           |  |                         |           |           |           |          |           |  |                                |           |           |           |          |           |                  |                  |           |           |           |          |           |                  |                      |           |           |          |           |  |  |                  |           |           |          |           |  |                       |                       |           |           |           |          |           |                    |                       |           |           |           |          |           |  |                           |           |           |           |          |           |  |                                   |           |           |           |          |           |  |                                     |           |           |           |          |           |                             |                                |           |           |           |          |           |  |   |           |           |           |          |           |                       |                          |           |           |           |          |           |  |                                   |           |           |           |          |           |  |              |           |           |           |          |           |                              |  |  |  |  |  |  |
|   | <b>Public Trustee Fee</b>               | <b>2M</b>     | <b>4M</b>            | <b>3M</b>     | <b>M</b>             | <b>M1</b>     |             |              |             |                      |  |                      |  |               |       |               |               |               |               |               |                        |                        |           |           |           |          |           |                         |                         |           |           |           |          |           |  |                                |           |           |           |          |           |  |                             |           |           |           |          |           |                         |                                 |           |           |           |          |           |  |                         |           |           |           |          |           |  |                                |           |           |           |          |           |                  |                  |           |           |           |          |           |                  |                      |           |           |          |           |  |  |                  |           |           |          |           |  |                       |                       |           |           |           |          |           |                    |                       |           |           |           |          |           |  |                           |           |           |           |          |           |  |                                   |           |           |           |          |           |  |                                     |           |           |           |          |           |                             |                                |           |           |           |          |           |  |   |           |           |           |          |           |                       |                          |           |           |           |          |           |  |                                   |           |           |           |          |           |  |              |           |           |           |          |           |                              |  |  |  |  |  |  |
|   | <b>LTA/GIA/Police Report Fees</b>       | <b>2N</b>     | <b>4N</b>            | <b>3N</b>     | <b>N</b>             | <b>N1</b>     |             |              |             |                      |  |                      |  |               |       |               |               |               |               |               |                        |                        |           |           |           |          |           |                         |                         |           |           |           |          |           |  |                                |           |           |           |          |           |  |                             |           |           |           |          |           |                         |                                 |           |           |           |          |           |  |                         |           |           |           |          |           |  |                                |           |           |           |          |           |                  |                  |           |           |           |          |           |                  |                      |           |           |          |           |  |  |                  |           |           |          |           |  |                       |                       |           |           |           |          |           |                    |                       |           |           |           |          |           |  |                           |           |           |           |          |           |  |                                   |           |           |           |          |           |  |                                     |           |           |           |          |           |                             |                                |           |           |           |          |           |  |   |           |           |           |          |           |                       |                          |           |           |           |          |           |  |                                   |           |           |           |          |           |  |              |           |           |           |          |           |                              |  |  |  |  |  |  |
|   | <b>Our Professional Expert Fees</b>     | <b>2O</b>     | <b>4O</b>            | <b>3O</b>     | <b>O</b>             | <b>O1</b>     |             |              |             |                      |  |                      |  |               |       |               |               |               |               |               |                        |                        |           |           |           |          |           |                         |                         |           |           |           |          |           |  |                                |           |           |           |          |           |  |                             |           |           |           |          |           |                         |                                 |           |           |           |          |           |  |                         |           |           |           |          |           |  |                                |           |           |           |          |           |                  |                  |           |           |           |          |           |                  |                      |           |           |          |           |  |  |                  |           |           |          |           |  |                       |                       |           |           |           |          |           |                    |                       |           |           |           |          |           |  |                           |           |           |           |          |           |  |                                   |           |           |           |          |           |  |                                     |           |           |           |          |           |                             |                                |           |           |           |          |           |  |   |           |           |           |          |           |                       |                          |           |           |           |          |           |  |                                   |           |           |           |          |           |  |              |           |           |           |          |           |                              |  |  |  |  |  |  |
| <b>3rd Party Legal Fees</b>   | <b>3rd Party Lawyer's Cost</b>          | <b>2P</b>     | <b>4P</b>            | <b>3P</b>     | <b>P</b>             | <b>P1</b>     |             |              |             |                      |  |                      |  |               |       |               |               |               |               |               |                        |                        |           |           |           |          |           |                         |                         |           |           |           |          |           |  |                                |           |           |           |          |           |  |                             |           |           |           |          |           |                         |                                 |           |           |           |          |           |  |                         |           |           |           |          |           |  |                                |           |           |           |          |           |                  |                  |           |           |           |          |           |                  |                      |           |           |          |           |  |  |                  |           |           |          |           |  |                       |                       |           |           |           |          |           |                    |                       |           |           |           |          |           |  |                           |           |           |           |          |           |  |                                   |           |           |           |          |           |  |                                     |           |           |           |          |           |                             |                                |           |           |           |          |           |  |   |           |           |           |          |           |                       |                          |           |           |           |          |           |  |                                   |           |           |           |          |           |  |              |           |           |           |          |           |                              |  |  |  |  |  |  |
|   | <b>3rd Party Lawyer's Disbursements</b> | <b>2Q</b>     | <b>4Q</b>            | <b>3Q</b>     | <b>Q</b>             | <b>Q1</b>     |             |              |             |                      |  |                      |  |               |       |               |               |               |               |               |                        |                        |           |           |           |          |           |                         |                         |           |           |           |          |           |  |                                |           |           |           |          |           |  |                             |           |           |           |          |           |                         |                                 |           |           |           |          |           |  |                         |           |           |           |          |           |  |                                |           |           |           |          |           |                  |                  |           |           |           |          |           |                  |                      |           |           |          |           |  |  |                  |           |           |          |           |  |                       |                       |           |           |           |          |           |                    |                       |           |           |           |          |           |  |                           |           |           |           |          |           |  |                                   |           |           |           |          |           |  |                                     |           |           |           |          |           |                             |                                |           |           |           |          |           |  |   |           |           |           |          |           |                       |                          |           |           |           |          |           |  |                                   |           |           |           |          |           |  |              |           |           |           |          |           |                              |  |  |  |  |  |  |
| <b>Our Legal Fees</b>   | <b>Our Lawyer's Cost</b>                | <b>2R</b>     | <b>4R</b>            | <b>3R</b>     | <b>R</b>             | <b>R1</b>     |             |              |             |                      |  |                      |  |               |       |               |               |               |               |               |                        |                        |           |           |           |          |           |                         |                         |           |           |           |          |           |  |                                |           |           |           |          |           |  |                             |           |           |           |          |           |                         |                                 |           |           |           |          |           |  |                         |           |           |           |          |           |  |                                |           |           |           |          |           |                  |                  |           |           |           |          |           |                  |                      |           |           |          |           |  |  |                  |           |           |          |           |  |                       |                       |           |           |           |          |           |                    |                       |           |           |           |          |           |  |                           |           |           |           |          |           |  |                                   |           |           |           |          |           |  |                                     |           |           |           |          |           |                             |                                |           |           |           |          |           |  |   |           |           |           |          |           |                       |                          |           |           |           |          |           |  |                                   |           |           |           |          |           |  |              |           |           |           |          |           |                              |  |  |  |  |  |  |
|   | <b>Our Lawyer's Disbursements</b>       | <b>2S</b>     | <b>4S</b>            | <b>3S</b>     | <b>S</b>             | <b>S1</b>     |             |              |             |                      |  |                      |  |               |       |               |               |               |               |               |                        |                        |           |           |           |          |           |                         |                         |           |           |           |          |           |  |                                |           |           |           |          |           |  |                             |           |           |           |          |           |                         |                                 |           |           |           |          |           |  |                         |           |           |           |          |           |  |                                |           |           |           |          |           |                  |                  |           |           |           |          |           |                  |                      |           |           |          |           |  |  |                  |           |           |          |           |  |                       |                       |           |           |           |          |           |                    |                       |           |           |           |          |           |  |                           |           |           |           |          |           |  |                                   |           |           |           |          |           |  |                                     |           |           |           |          |           |                             |                                |           |           |           |          |           |  |   |           |           |           |          |           |                       |                          |           |           |           |          |           |  |                                   |           |           |           |          |           |  |              |           |           |           |          |           |                              |  |  |  |  |  |  |
|   | <b>Total</b>                            | <b>2T</b>     | <b>4T</b>            | <b>3T</b>     | <b>T</b>             | <b>T1</b>     |             |              |             |                      |  |                      |  |               |       |               |               |               |               |               |                        |                        |           |           |           |          |           |                         |                         |           |           |           |          |           |  |                                |           |           |           |          |           |  |                             |           |           |           |          |           |                         |                                 |           |           |           |          |           |  |                         |           |           |           |          |           |  |                                |           |           |           |          |           |                  |                  |           |           |           |          |           |                  |                      |           |           |          |           |  |  |                  |           |           |          |           |  |                       |                       |           |           |           |          |           |                    |                       |           |           |           |          |           |  |                           |           |           |           |          |           |  |                                   |           |           |           |          |           |  |                                     |           |           |           |          |           |                             |                                |           |           |           |          |           |  |   |           |           |           |          |           |                       |                          |           |           |           |          |           |  |                                   |           |           |           |          |           |  |              |           |           |           |          |           |                              |  |  |  |  |  |  |
| Remarks <input type="text"/>  |   |               |                      |               |                      |               |             |              |             |                      |  |                      |  |               |       |               |               |               |               |               |                        |                        |           |           |           |          |           |                         |                         |           |           |           |          |           |  |                                |           |           |           |          |           |  |                             |           |           |           |          |           |                         |                                 |           |           |           |          |           |  |                         |           |           |           |          |           |  |                                |           |           |           |          |           |                  |                  |           |           |           |          |           |                  |                      |           |           |          |           |  |  |                  |           |           |          |           |  |                       |                       |           |           |           |          |           |                    |                       |           |           |           |          |           |  |                           |           |           |           |          |           |  |                                   |           |           |           |          |           |  |                                     |           |           |           |          |           |                             |                                |           |           |           |          |           |  |   |           |           |           |          |           |                       |                          |           |           |           |          |           |  |                                   |           |           |           |          |           |  |              |           |           |           |          |           |                              |  |  |  |  |  |  |

**OD Mandate Request**

| OD1   | Assigned to Supervisor with<br>FAL to approve the mandate<br>to settle. |  |                                     |    |               |                           |                      |  |  |               |               |                   |                 |    |    |   |    |                    |             |    |    |   |    |             |               |    |   |    |  |  |           |    |   |    |  |                  |                |    |    |   |    |               |            |    |    |   |    |  |               |    |    |   |    |  |                            |    |    |   |    |                        |                         |    |    |   |    |  |                                  |    |    |   |    |                  |                   |    |    |   |    |  |                            |    |    |   |    |       |    |    |   |    |  |         |                                 |  |  |  |  |
|---|---|--|-------------------------------------|----|---------------|---------------------------|----------------------|--|--|---------------|---------------|-------------------|-----------------|----|----|---|----|--------------------|-------------|----|----|---|----|-------------|---------------|----|---|----|--|--|-----------|----|---|----|--|------------------|----------------|----|----|---|----|---------------|------------|----|----|---|----|--|---------------|----|----|---|----|--|----------------------------|----|----|---|----|------------------------|-------------------------|----|----|---|----|--|----------------------------------|----|----|---|----|------------------|-------------------|----|----|---|----|--|----------------------------|----|----|---|----|-------|----|----|---|----|--|---------|---------------------------------|--|--|--|--|
| OD Claim  | Assigned To   | Investigation Result                       |                                     |    |               |                           |                      |  |  |               |               |                   |                 |    |    |   |    |                    |             |    |    |   |    |             |               |    |   |    |  |  |           |    |   |    |  |                  |                |    |    |   |    |               |            |    |    |   |    |  |               |    |    |   |    |  |                            |    |    |   |    |                        |                         |    |    |   |    |  |                                  |    |    |   |    |                  |                   |    |    |   |    |  |                            |    |    |   |    |       |    |    |   |    |  |         |                                 |  |  |  |  |
| Scenario  |   |  |                                     |    |               |                           |                      |  |  |               |               |                   |                 |    |    |   |    |                    |             |    |    |   |    |             |               |    |   |    |  |  |           |    |   |    |  |                  |                |    |    |   |    |               |            |    |    |   |    |  |               |    |    |   |    |  |                            |    |    |   |    |                        |                         |    |    |   |    |  |                                  |    |    |   |    |                  |                   |    |    |   |    |  |                            |    |    |   |    |       |    |    |   |    |  |         |                                 |  |  |  |  |
| Evidence  | <input type="checkbox"/> CCTV   | <input type="checkbox"/> Witness Statement | <input type="checkbox"/> Scene Pics |    |               |                           |                      |  |  |               |               |                   |                 |    |    |   |    |                    |             |    |    |   |    |             |               |    |   |    |  |  |           |    |   |    |  |                  |                |    |    |   |    |               |            |    |    |   |    |  |               |    |    |   |    |  |                            |    |    |   |    |                        |                         |    |    |   |    |  |                                  |    |    |   |    |                  |                   |    |    |   |    |  |                            |    |    |   |    |       |    |    |   |    |  |         |                                 |  |  |  |  |
| Related Facts   |   |  |                                     |    |               |                           |                      |  |  |               |               |                   |                 |    |    |   |    |                    |             |    |    |   |    |             |               |    |   |    |  |  |           |    |   |    |  |                  |                |    |    |   |    |               |            |    |    |   |    |  |               |    |    |   |    |  |                            |    |    |   |    |                        |                         |    |    |   |    |  |                                  |    |    |   |    |                  |                   |    |    |   |    |  |                            |    |    |   |    |       |    |    |   |    |  |         |                                 |  |  |  |  |
| CO's Assessment   |   |  |                                     |    |               |                           |                      |  |  |               |               |                   |                 |    |    |   |    |                    |             |    |    |   |    |             |               |    |   |    |  |  |           |    |   |    |  |                  |                |    |    |   |    |               |            |    |    |   |    |  |               |    |    |   |    |  |                            |    |    |   |    |                        |                         |    |    |   |    |  |                                  |    |    |   |    |                  |                   |    |    |   |    |  |                            |    |    |   |    |       |    |    |   |    |  |         |                                 |  |  |  |  |
| Data extracted from reserve tab   |   |  |                                     |    |               |                           |                      |  |  |               |               |                   |                 |    |    |   |    |                    |             |    |    |   |    |             |               |    |   |    |  |  |           |    |   |    |  |                  |                |    |    |   |    |               |            |    |    |   |    |  |               |    |    |   |    |  |                            |    |    |   |    |                        |                         |    |    |   |    |  |                                  |    |    |   |    |                  |                   |    |    |   |    |  |                            |    |    |   |    |       |    |    |   |    |  |         |                                 |  |  |  |  |
| <table border="1"> <thead> <tr> <th></th> <th>Claim Quantum</th> <th>3rd Party's Counter Offer</th> <th>CO's Recommendations</th> </tr> <tr> <th></th> <th></th> <th>Minimum Offer</th> <th>Maximum Offer</th> </tr> </thead> <tbody> <tr> <td>+ Cost of Repairs</td> <td>Cost of Repairs</td> <td>2A</td> <td>3A</td> <td>A</td> <td>A1</td> </tr> <tr> <td>+ Uninsured Losses</td> <td>Loss of Use</td> <td>2B</td> <td>3B</td> <td>B</td> <td>B1</td> </tr> <tr> <td>+ Liability</td> <td>Liability (%)</td> <td>3C</td> <td>C</td> <td>C1</td> <td></td> </tr> <tr> <td></td> <td>Sub-Total</td> <td>3D</td> <td>D</td> <td>D1</td> <td></td> </tr> <tr> <td>+ Other Expenses</td> <td>Other Expenses</td> <td>2C</td> <td>3E</td> <td>E</td> <td>E1</td> </tr> <tr> <td>+ Report Fees</td> <td>Survey Fee</td> <td>2D</td> <td>3F</td> <td>F</td> <td>F1</td> </tr> <tr> <td></td> <td>Re-Survey Fee</td> <td>2E</td> <td>3G</td> <td>G</td> <td>G1</td> </tr> <tr> <td></td> <td>LTA/GIA/Police Report Fees</td> <td>2F</td> <td>3H</td> <td>H</td> <td>H1</td> </tr> <tr> <td>+ 3rd Party Legal Fees</td> <td>3rd Party Lawyer's Cost</td> <td>2G</td> <td>3I</td> <td>I</td> <td>I1</td> </tr> <tr> <td></td> <td>3rd Party Lawyer's Disbursements</td> <td>2H</td> <td>3J</td> <td>J</td> <td>J1</td> </tr> <tr> <td>+ Our Legal Fees</td> <td>Our Lawyer's Cost</td> <td>2I</td> <td>3K</td> <td>K</td> <td>K1</td> </tr> <tr> <td></td> <td>Our Lawyer's Disbursements</td> <td>2J</td> <td>3L</td> <td>L</td> <td>L1</td> </tr> <tr> <td>Total</td> <td>2K</td> <td>3M</td> <td>M</td> <td>M1</td> <td></td> </tr> <tr> <td>Remarks</td> <td colspan="5">Free-text (max chars allowable)</td> </tr> </tbody> </table> |   |  |                                     |    | Claim Quantum | 3rd Party's Counter Offer | CO's Recommendations |  |  | Minimum Offer | Maximum Offer | + Cost of Repairs | Cost of Repairs | 2A | 3A | A | A1 | + Uninsured Losses | Loss of Use | 2B | 3B | B | B1 | + Liability | Liability (%) | 3C | C | C1 |  |  | Sub-Total | 3D | D | D1 |  | + Other Expenses | Other Expenses | 2C | 3E | E | E1 | + Report Fees | Survey Fee | 2D | 3F | F | F1 |  | Re-Survey Fee | 2E | 3G | G | G1 |  | LTA/GIA/Police Report Fees | 2F | 3H | H | H1 | + 3rd Party Legal Fees | 3rd Party Lawyer's Cost | 2G | 3I | I | I1 |  | 3rd Party Lawyer's Disbursements | 2H | 3J | J | J1 | + Our Legal Fees | Our Lawyer's Cost | 2I | 3K | K | K1 |  | Our Lawyer's Disbursements | 2J | 3L | L | L1 | Total | 2K | 3M | M | M1 |  | Remarks | Free-text (max chars allowable) |  |  |  |  |
|   | Claim Quantum   | 3rd Party's Counter Offer                  | CO's Recommendations                |    |               |                           |                      |  |  |               |               |                   |                 |    |    |   |    |                    |             |    |    |   |    |             |               |    |   |    |  |  |           |    |   |    |  |                  |                |    |    |   |    |               |            |    |    |   |    |  |               |    |    |   |    |  |                            |    |    |   |    |                        |                         |    |    |   |    |  |                                  |    |    |   |    |                  |                   |    |    |   |    |  |                            |    |    |   |    |       |    |    |   |    |  |         |                                 |  |  |  |  |
|   |   | Minimum Offer                              | Maximum Offer                       |    |               |                           |                      |  |  |               |               |                   |                 |    |    |   |    |                    |             |    |    |   |    |             |               |    |   |    |  |  |           |    |   |    |  |                  |                |    |    |   |    |               |            |    |    |   |    |  |               |    |    |   |    |  |                            |    |    |   |    |                        |                         |    |    |   |    |  |                                  |    |    |   |    |                  |                   |    |    |   |    |  |                            |    |    |   |    |       |    |    |   |    |  |         |                                 |  |  |  |  |
| + Cost of Repairs   | Cost of Repairs   | 2A   | 3A                                  | A  | A1            |                           |                      |  |  |               |               |                   |                 |    |    |   |    |                    |             |    |    |   |    |             |               |    |   |    |  |  |           |    |   |    |  |                  |                |    |    |   |    |               |            |    |    |   |    |  |               |    |    |   |    |  |                            |    |    |   |    |                        |                         |    |    |   |    |  |                                  |    |    |   |    |                  |                   |    |    |   |    |  |                            |    |    |   |    |       |    |    |   |    |  |         |                                 |  |  |  |  |
| + Uninsured Losses  | Loss of Use   | 2B   | 3B                                  | B  | B1            |                           |                      |  |  |               |               |                   |                 |    |    |   |    |                    |             |    |    |   |    |             |               |    |   |    |  |  |           |    |   |    |  |                  |                |    |    |   |    |               |            |    |    |   |    |  |               |    |    |   |    |  |                            |    |    |   |    |                        |                         |    |    |   |    |  |                                  |    |    |   |    |                  |                   |    |    |   |    |  |                            |    |    |   |    |       |    |    |   |    |  |         |                                 |  |  |  |  |
| + Liability   | Liability (%)   | 3C   | C                                   | C1 |               |                           |                      |  |  |               |               |                   |                 |    |    |   |    |                    |             |    |    |   |    |             |               |    |   |    |  |  |           |    |   |    |  |                  |                |    |    |   |    |               |            |    |    |   |    |  |               |    |    |   |    |  |                            |    |    |   |    |                        |                         |    |    |   |    |  |                                  |    |    |   |    |                  |                   |    |    |   |    |  |                            |    |    |   |    |       |    |    |   |    |  |         |                                 |  |  |  |  |
|   | Sub-Total   | 3D   | D                                   | D1 |               |                           |                      |  |  |               |               |                   |                 |    |    |   |    |                    |             |    |    |   |    |             |               |    |   |    |  |  |           |    |   |    |  |                  |                |    |    |   |    |               |            |    |    |   |    |  |               |    |    |   |    |  |                            |    |    |   |    |                        |                         |    |    |   |    |  |                                  |    |    |   |    |                  |                   |    |    |   |    |  |                            |    |    |   |    |       |    |    |   |    |  |         |                                 |  |  |  |  |
| + Other Expenses  | Other Expenses  | 2C   | 3E                                  | E  | E1            |                           |                      |  |  |               |               |                   |                 |    |    |   |    |                    |             |    |    |   |    |             |               |    |   |    |  |  |           |    |   |    |  |                  |                |    |    |   |    |               |            |    |    |   |    |  |               |    |    |   |    |  |                            |    |    |   |    |                        |                         |    |    |   |    |  |                                  |    |    |   |    |                  |                   |    |    |   |    |  |                            |    |    |   |    |       |    |    |   |    |  |         |                                 |  |  |  |  |
| + Report Fees   | Survey Fee  | 2D   | 3F                                  | F  | F1            |                           |                      |  |  |               |               |                   |                 |    |    |   |    |                    |             |    |    |   |    |             |               |    |   |    |  |  |           |    |   |    |  |                  |                |    |    |   |    |               |            |    |    |   |    |  |               |    |    |   |    |  |                            |    |    |   |    |                        |                         |    |    |   |    |  |                                  |    |    |   |    |                  |                   |    |    |   |    |  |                            |    |    |   |    |       |    |    |   |    |  |         |                                 |  |  |  |  |
|   | Re-Survey Fee   | 2E   | 3G                                  | G  | G1            |                           |                      |  |  |               |               |                   |                 |    |    |   |    |                    |             |    |    |   |    |             |               |    |   |    |  |  |           |    |   |    |  |                  |                |    |    |   |    |               |            |    |    |   |    |  |               |    |    |   |    |  |                            |    |    |   |    |                        |                         |    |    |   |    |  |                                  |    |    |   |    |                  |                   |    |    |   |    |  |                            |    |    |   |    |       |    |    |   |    |  |         |                                 |  |  |  |  |
|   | LTA/GIA/Police Report Fees  | 2F   | 3H                                  | H  | H1            |                           |                      |  |  |               |               |                   |                 |    |    |   |    |                    |             |    |    |   |    |             |               |    |   |    |  |  |           |    |   |    |  |                  |                |    |    |   |    |               |            |    |    |   |    |  |               |    |    |   |    |  |                            |    |    |   |    |                        |                         |    |    |   |    |  |                                  |    |    |   |    |                  |                   |    |    |   |    |  |                            |    |    |   |    |       |    |    |   |    |  |         |                                 |  |  |  |  |
| + 3rd Party Legal Fees  | 3rd Party Lawyer's Cost   | 2G   | 3I                                  | I  | I1            |                           |                      |  |  |               |               |                   |                 |    |    |   |    |                    |             |    |    |   |    |             |               |    |   |    |  |  |           |    |   |    |  |                  |                |    |    |   |    |               |            |    |    |   |    |  |               |    |    |   |    |  |                            |    |    |   |    |                        |                         |    |    |   |    |  |                                  |    |    |   |    |                  |                   |    |    |   |    |  |                            |    |    |   |    |       |    |    |   |    |  |         |                                 |  |  |  |  |
|   | 3rd Party Lawyer's Disbursements  | 2H   | 3J                                  | J  | J1            |                           |                      |  |  |               |               |                   |                 |    |    |   |    |                    |             |    |    |   |    |             |               |    |   |    |  |  |           |    |   |    |  |                  |                |    |    |   |    |               |            |    |    |   |    |  |               |    |    |   |    |  |                            |    |    |   |    |                        |                         |    |    |   |    |  |                                  |    |    |   |    |                  |                   |    |    |   |    |  |                            |    |    |   |    |       |    |    |   |    |  |         |                                 |  |  |  |  |
| + Our Legal Fees  | Our Lawyer's Cost   | 2I   | 3K                                  | K  | K1            |                           |                      |  |  |               |               |                   |                 |    |    |   |    |                    |             |    |    |   |    |             |               |    |   |    |  |  |           |    |   |    |  |                  |                |    |    |   |    |               |            |    |    |   |    |  |               |    |    |   |    |  |                            |    |    |   |    |                        |                         |    |    |   |    |  |                                  |    |    |   |    |                  |                   |    |    |   |    |  |                            |    |    |   |    |       |    |    |   |    |  |         |                                 |  |  |  |  |
|   | Our Lawyer's Disbursements  | 2J   | 3L                                  | L  | L1            |                           |                      |  |  |               |               |                   |                 |    |    |   |    |                    |             |    |    |   |    |             |               |    |   |    |  |  |           |    |   |    |  |                  |                |    |    |   |    |               |            |    |    |   |    |  |               |    |    |   |    |  |                            |    |    |   |    |                        |                         |    |    |   |    |  |                                  |    |    |   |    |                  |                   |    |    |   |    |  |                            |    |    |   |    |       |    |    |   |    |  |         |                                 |  |  |  |  |
| Total   | 2K  | 3M   | M                                   | M1 |               |                           |                      |  |  |               |               |                   |                 |    |    |   |    |                    |             |    |    |   |    |             |               |    |   |    |  |  |           |    |   |    |  |                  |                |    |    |   |    |               |            |    |    |   |    |  |               |    |    |   |    |  |                            |    |    |   |    |                        |                         |    |    |   |    |  |                                  |    |    |   |    |                  |                   |    |    |   |    |  |                            |    |    |   |    |       |    |    |   |    |  |         |                                 |  |  |  |  |
| Remarks   | Free-text (max chars allowable)   |  |                                     |    |               |                           |                      |  |  |               |               |                   |                 |    |    |   |    |                    |             |    |    |   |    |             |               |    |   |    |  |  |           |    |   |    |  |                  |                |    |    |   |    |               |            |    |    |   |    |  |               |    |    |   |    |  |                            |    |    |   |    |                        |                         |    |    |   |    |  |                                  |    |    |   |    |                  |                   |    |    |   |    |  |                            |    |    |   |    |       |    |    |   |    |  |         |                                 |  |  |  |  |

User will enter data except calculated field like 3D, D & D1

$$D = (A+B) * C$$
  

$$D1 = (A1+B1) * C1$$
  

$$3D = (3A + 3B) * 3C$$

$$M = D+E+F+G+H+I+J+K+L$$
  

$$M1 = D1+E1+F1+G1+H1+I1+J1+K1+L1$$
  

$$3M = 3D+3E+3F+3G+3H+3I+3J+3K+3L$$

## OD Mandate Approval

| <b>Mandate Details</b><br>Assigned To: <input type="text"/> Type of Claim: <input type="text"/> Investigation Result: <input type="text"/><br>Scenario: <input type="text"/><br>Evidence: <input type="checkbox"/> CCTV <input type="checkbox"/> Witness Statement <input type="checkbox"/> Scene Pics   |                                       |                           |                      |                    |                      |  |               |                           |                      |  |                      |                            |                      |    |                   |                    |               |                             |                  |    |   |    |               |                      |                    |   |    |  |  |  |                |   |    |  |  |                           |                     |    |   |    |               |                        |                 |    |   |    |               |  |                    |    |   |    |               |  |                                 |    |   |    |               |                                 |                              |    |   |    |               |  |                                       |    |   |    |               |                           |                        |    |   |    |               |  |                                 |    |   |    |               |            |    |   |    |  |  |  |  |  |  |  |  |
|--|---------------------------------------|---------------------------|----------------------|--------------------|----------------------|--|---------------|---------------------------|----------------------|--|----------------------|----------------------------|----------------------|----|-------------------|--------------------|---------------|-----------------------------|------------------|----|---|----|---------------|----------------------|--------------------|---|----|--|--|--|----------------|---|----|--|--|---------------------------|---------------------|----|---|----|---------------|------------------------|-----------------|----|---|----|---------------|--|--------------------|----|---|----|---------------|--|---------------------------------|----|---|----|---------------|---------------------------------|------------------------------|----|---|----|---------------|--|---------------------------------------|----|---|----|---------------|---------------------------|------------------------|----|---|----|---------------|--|---------------------------------|----|---|----|---------------|------------|----|---|----|--|--|--|--|--|--|--|--|
| Related Facts: <input type="text"/><br>CO's Assessment: <input type="text"/>   |                                       |                           |                      |                    |                      |  |               |                           |                      |  |                      |                            |                      |    |                   |                    |               |                             |                  |    |   |    |               |                      |                    |   |    |  |  |  |                |   |    |  |  |                           |                     |    |   |    |               |                        |                 |    |   |    |               |  |                    |    |   |    |               |  |                                 |    |   |    |               |                                 |                              |    |   |    |               |  |                                       |    |   |    |               |                           |                        |    |   |    |               |  |                                 |    |   |    |               |            |    |   |    |  |  |  |  |  |  |  |  |
| <b>Supervisor Approval</b><br>Assigned To: <input type="text"/><br>Approve Recommendations? <input type="radio"/> Yes <input type="radio"/> No   |                                       |                           |                      |                    |                      |  |               |                           |                      |  |                      |                            |                      |    |                   |                    |               |                             |                  |    |   |    |               |                      |                    |   |    |  |  |  |                |   |    |  |  |                           |                     |    |   |    |               |                        |                 |    |   |    |               |  |                    |    |   |    |               |  |                                 |    |   |    |               |                                 |                              |    |   |    |               |  |                                       |    |   |    |               |                           |                        |    |   |    |               |  |                                 |    |   |    |               |            |    |   |    |  |  |  |  |  |  |  |  |
| Supervisor's Remark: <input type="text"/>  |                                       |                           |                      |                    |                      |  |               |                           |                      |  |                      |                            |                      |    |                   |                    |               |                             |                  |    |   |    |               |                      |                    |   |    |  |  |  |                |   |    |  |  |                           |                     |    |   |    |               |                        |                 |    |   |    |               |  |                    |    |   |    |               |  |                                 |    |   |    |               |                                 |                              |    |   |    |               |  |                                       |    |   |    |               |                           |                        |    |   |    |               |  |                                 |    |   |    |               |            |    |   |    |  |  |  |  |  |  |  |  |
| <table border="1"> <tr> <th></th> <th>Claim Quantum</th> <th>3rd Party's Counter Offer</th> <th colspan="2">CO's Recommendations</th> <th>Supervisor's Mandate</th> </tr> <tr> <td><b>+ - Cost of Repairs</b></td> <td>Cost of Repairs   2A</td> <td>3A</td> <td>Minimum Offer   A</td> <td>Maximum Offer   A1</td> <td>Minimum Offer  </td> </tr> <tr> <td><b>+ - Uninsured Losses</b></td> <td>Loss of Use   2B</td> <td>3B</td> <td>B</td> <td>B1</td> <td>Maximum Offer  </td> </tr> <tr> <td><b>+ - Liability</b></td> <td>Liability (%)   3C</td> <td>C</td> <td>C1</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Sub-Total   3D</td> <td>D</td> <td>D1</td> <td></td> <td></td> </tr> <tr> <td><b>+ - Other Expenses</b></td> <td>Other Expenses   2C</td> <td>3E</td> <td>E</td> <td>E1</td> <td>Maximum Offer  </td> </tr> <tr> <td><b>+ - Report Fees</b></td> <td>Survey Fee   2D</td> <td>3F</td> <td>F</td> <td>F1</td> <td>Maximum Offer  </td> </tr> <tr> <td></td> <td>Re-Survey Fee   2E</td> <td>3G</td> <td>G</td> <td>G1</td> <td>Maximum Offer  </td> </tr> <tr> <td></td> <td>LTA/GIA/Police Report Fees   2F</td> <td>3H</td> <td>H</td> <td>H1</td> <td>Maximum Offer  </td> </tr> <tr> <td><b>+ - 3rd Party Legal Fees</b></td> <td>3rd Party Lawyer's Cost   2G</td> <td>3I</td> <td>I</td> <td>I1</td> <td>Maximum Offer  </td> </tr> <tr> <td></td> <td>3rd Party Lawyer's Disbursements   2H</td> <td>3J</td> <td>J</td> <td>J1</td> <td>Maximum Offer  </td> </tr> <tr> <td><b>+ - Our Legal Fees</b></td> <td>Our Lawyer's Cost   2I</td> <td>3K</td> <td>K</td> <td>K1</td> <td>Maximum Offer  </td> </tr> <tr> <td></td> <td>Our Lawyer's Disbursements   2J</td> <td>3L</td> <td>L</td> <td>L1</td> <td>Maximum Offer  </td> </tr> <tr> <td>Total   2K</td> <td>3M</td> <td>M</td> <td>M1</td> <td></td> <td></td> </tr> <tr> <td colspan="6">Remarks: Free-text (max chars allowable)</td> </tr> </table> |                                       |                           |                      |                    |                      |  | Claim Quantum | 3rd Party's Counter Offer | CO's Recommendations |  | Supervisor's Mandate | <b>+ - Cost of Repairs</b> | Cost of Repairs   2A | 3A | Minimum Offer   A | Maximum Offer   A1 | Minimum Offer | <b>+ - Uninsured Losses</b> | Loss of Use   2B | 3B | B | B1 | Maximum Offer | <b>+ - Liability</b> | Liability (%)   3C | C | C1 |  |  |  | Sub-Total   3D | D | D1 |  |  | <b>+ - Other Expenses</b> | Other Expenses   2C | 3E | E | E1 | Maximum Offer | <b>+ - Report Fees</b> | Survey Fee   2D | 3F | F | F1 | Maximum Offer |  | Re-Survey Fee   2E | 3G | G | G1 | Maximum Offer |  | LTA/GIA/Police Report Fees   2F | 3H | H | H1 | Maximum Offer | <b>+ - 3rd Party Legal Fees</b> | 3rd Party Lawyer's Cost   2G | 3I | I | I1 | Maximum Offer |  | 3rd Party Lawyer's Disbursements   2H | 3J | J | J1 | Maximum Offer | <b>+ - Our Legal Fees</b> | Our Lawyer's Cost   2I | 3K | K | K1 | Maximum Offer |  | Our Lawyer's Disbursements   2J | 3L | L | L1 | Maximum Offer | Total   2K | 3M | M | M1 |  |  | Remarks: Free-text (max chars allowable) |  |  |  |  |  |
|  | Claim Quantum                         | 3rd Party's Counter Offer | CO's Recommendations |                    | Supervisor's Mandate |  |               |                           |                      |  |                      |                            |                      |    |                   |                    |               |                             |                  |    |   |    |               |                      |                    |   |    |  |  |  |                |   |    |  |  |                           |                     |    |   |    |               |                        |                 |    |   |    |               |  |                    |    |   |    |               |  |                                 |    |   |    |               |                                 |                              |    |   |    |               |  |                                       |    |   |    |               |                           |                        |    |   |    |               |  |                                 |    |   |    |               |            |    |   |    |  |  |  |  |  |  |  |  |
| <b>+ - Cost of Repairs</b>   | Cost of Repairs   2A                  | 3A                        | Minimum Offer   A    | Maximum Offer   A1 | Minimum Offer        |  |               |                           |                      |  |                      |                            |                      |    |                   |                    |               |                             |                  |    |   |    |               |                      |                    |   |    |  |  |  |                |   |    |  |  |                           |                     |    |   |    |               |                        |                 |    |   |    |               |  |                    |    |   |    |               |  |                                 |    |   |    |               |                                 |                              |    |   |    |               |  |                                       |    |   |    |               |                           |                        |    |   |    |               |  |                                 |    |   |    |               |            |    |   |    |  |  |  |  |  |  |  |  |
| <b>+ - Uninsured Losses</b>  | Loss of Use   2B                      | 3B                        | B                    | B1                 | Maximum Offer        |  |               |                           |                      |  |                      |                            |                      |    |                   |                    |               |                             |                  |    |   |    |               |                      |                    |   |    |  |  |  |                |   |    |  |  |                           |                     |    |   |    |               |                        |                 |    |   |    |               |  |                    |    |   |    |               |  |                                 |    |   |    |               |                                 |                              |    |   |    |               |  |                                       |    |   |    |               |                           |                        |    |   |    |               |  |                                 |    |   |    |               |            |    |   |    |  |  |  |  |  |  |  |  |
| <b>+ - Liability</b>   | Liability (%)   3C                    | C                         | C1                   |                    |                      |  |               |                           |                      |  |                      |                            |                      |    |                   |                    |               |                             |                  |    |   |    |               |                      |                    |   |    |  |  |  |                |   |    |  |  |                           |                     |    |   |    |               |                        |                 |    |   |    |               |  |                    |    |   |    |               |  |                                 |    |   |    |               |                                 |                              |    |   |    |               |  |                                       |    |   |    |               |                           |                        |    |   |    |               |  |                                 |    |   |    |               |            |    |   |    |  |  |  |  |  |  |  |  |
|  | Sub-Total   3D                        | D                         | D1                   |                    |                      |  |               |                           |                      |  |                      |                            |                      |    |                   |                    |               |                             |                  |    |   |    |               |                      |                    |   |    |  |  |  |                |   |    |  |  |                           |                     |    |   |    |               |                        |                 |    |   |    |               |  |                    |    |   |    |               |  |                                 |    |   |    |               |                                 |                              |    |   |    |               |  |                                       |    |   |    |               |                           |                        |    |   |    |               |  |                                 |    |   |    |               |            |    |   |    |  |  |  |  |  |  |  |  |
| <b>+ - Other Expenses</b>  | Other Expenses   2C                   | 3E                        | E                    | E1                 | Maximum Offer        |  |               |                           |                      |  |                      |                            |                      |    |                   |                    |               |                             |                  |    |   |    |               |                      |                    |   |    |  |  |  |                |   |    |  |  |                           |                     |    |   |    |               |                        |                 |    |   |    |               |  |                    |    |   |    |               |  |                                 |    |   |    |               |                                 |                              |    |   |    |               |  |                                       |    |   |    |               |                           |                        |    |   |    |               |  |                                 |    |   |    |               |            |    |   |    |  |  |  |  |  |  |  |  |
| <b>+ - Report Fees</b>   | Survey Fee   2D                       | 3F                        | F                    | F1                 | Maximum Offer        |  |               |                           |                      |  |                      |                            |                      |    |                   |                    |               |                             |                  |    |   |    |               |                      |                    |   |    |  |  |  |                |   |    |  |  |                           |                     |    |   |    |               |                        |                 |    |   |    |               |  |                    |    |   |    |               |  |                                 |    |   |    |               |                                 |                              |    |   |    |               |  |                                       |    |   |    |               |                           |                        |    |   |    |               |  |                                 |    |   |    |               |            |    |   |    |  |  |  |  |  |  |  |  |
|  | Re-Survey Fee   2E                    | 3G                        | G                    | G1                 | Maximum Offer        |  |               |                           |                      |  |                      |                            |                      |    |                   |                    |               |                             |                  |    |   |    |               |                      |                    |   |    |  |  |  |                |   |    |  |  |                           |                     |    |   |    |               |                        |                 |    |   |    |               |  |                    |    |   |    |               |  |                                 |    |   |    |               |                                 |                              |    |   |    |               |  |                                       |    |   |    |               |                           |                        |    |   |    |               |  |                                 |    |   |    |               |            |    |   |    |  |  |  |  |  |  |  |  |
|  | LTA/GIA/Police Report Fees   2F       | 3H                        | H                    | H1                 | Maximum Offer        |  |               |                           |                      |  |                      |                            |                      |    |                   |                    |               |                             |                  |    |   |    |               |                      |                    |   |    |  |  |  |                |   |    |  |  |                           |                     |    |   |    |               |                        |                 |    |   |    |               |  |                    |    |   |    |               |  |                                 |    |   |    |               |                                 |                              |    |   |    |               |  |                                       |    |   |    |               |                           |                        |    |   |    |               |  |                                 |    |   |    |               |            |    |   |    |  |  |  |  |  |  |  |  |
| <b>+ - 3rd Party Legal Fees</b>  | 3rd Party Lawyer's Cost   2G          | 3I                        | I                    | I1                 | Maximum Offer        |  |               |                           |                      |  |                      |                            |                      |    |                   |                    |               |                             |                  |    |   |    |               |                      |                    |   |    |  |  |  |                |   |    |  |  |                           |                     |    |   |    |               |                        |                 |    |   |    |               |  |                    |    |   |    |               |  |                                 |    |   |    |               |                                 |                              |    |   |    |               |  |                                       |    |   |    |               |                           |                        |    |   |    |               |  |                                 |    |   |    |               |            |    |   |    |  |  |  |  |  |  |  |  |
|  | 3rd Party Lawyer's Disbursements   2H | 3J                        | J                    | J1                 | Maximum Offer        |  |               |                           |                      |  |                      |                            |                      |    |                   |                    |               |                             |                  |    |   |    |               |                      |                    |   |    |  |  |  |                |   |    |  |  |                           |                     |    |   |    |               |                        |                 |    |   |    |               |  |                    |    |   |    |               |  |                                 |    |   |    |               |                                 |                              |    |   |    |               |  |                                       |    |   |    |               |                           |                        |    |   |    |               |  |                                 |    |   |    |               |            |    |   |    |  |  |  |  |  |  |  |  |
| <b>+ - Our Legal Fees</b>  | Our Lawyer's Cost   2I                | 3K                        | K                    | K1                 | Maximum Offer        |  |               |                           |                      |  |                      |                            |                      |    |                   |                    |               |                             |                  |    |   |    |               |                      |                    |   |    |  |  |  |                |   |    |  |  |                           |                     |    |   |    |               |                        |                 |    |   |    |               |  |                    |    |   |    |               |  |                                 |    |   |    |               |                                 |                              |    |   |    |               |  |                                       |    |   |    |               |                           |                        |    |   |    |               |  |                                 |    |   |    |               |            |    |   |    |  |  |  |  |  |  |  |  |
|  | Our Lawyer's Disbursements   2J       | 3L                        | L                    | L1                 | Maximum Offer        |  |               |                           |                      |  |                      |                            |                      |    |                   |                    |               |                             |                  |    |   |    |               |                      |                    |   |    |  |  |  |                |   |    |  |  |                           |                     |    |   |    |               |                        |                 |    |   |    |               |  |                    |    |   |    |               |  |                                 |    |   |    |               |                                 |                              |    |   |    |               |  |                                       |    |   |    |               |                           |                        |    |   |    |               |  |                                 |    |   |    |               |            |    |   |    |  |  |  |  |  |  |  |  |
| Total   2K   | 3M                                    | M                         | M1                   |                    |                      |  |               |                           |                      |  |                      |                            |                      |    |                   |                    |               |                             |                  |    |   |    |               |                      |                    |   |    |  |  |  |                |   |    |  |  |                           |                     |    |   |    |               |                        |                 |    |   |    |               |  |                    |    |   |    |               |  |                                 |    |   |    |               |                                 |                              |    |   |    |               |  |                                       |    |   |    |               |                           |                        |    |   |    |               |  |                                 |    |   |    |               |            |    |   |    |  |  |  |  |  |  |  |  |
| Remarks: Free-text (max chars allowable)   |                                       |                           |                      |                    |                      |  |               |                           |                      |  |                      |                            |                      |    |                   |                    |               |                             |                  |    |   |    |               |                      |                    |   |    |  |  |  |                |   |    |  |  |                           |                     |    |   |    |               |                        |                 |    |   |    |               |  |                    |    |   |    |               |  |                                 |    |   |    |               |                                 |                              |    |   |    |               |  |                                       |    |   |    |               |                           |                        |    |   |    |               |  |                                 |    |   |    |               |            |    |   |    |  |  |  |  |  |  |  |  |

## OD Counter Offer Mandate Request

| OD1   |  |  |                                     |                                  |  |
|---|--|--|-------------------------------------|----------------------------------|--|
| OD Claim  |  |  |                                     |                                  |  |
| Assigned To   | <input type="button" value="▼"/>                             |  | Investigation Result                | <input type="button" value="▼"/> |  |
| Scenario  | <input type="text"/>   |  |                                     |                                  |  |
| Evidence  | <input type="checkbox"/> CCTV                                | <input type="checkbox"/> Witness Statement | <input type="checkbox"/> Scene Pics |                                  |  |
| Related Facts   | <input type="text"/>   |  |                                     |                                  |  |
| CO's Assessment   | <input type="text"/>   |  |                                     |                                  |  |
| 3rd Party's Counter Offer                                 |  |  |                                     |                                  |  |
|   | Claim Quantum  | Counter Offer                              | Our Previous Offer                  | CO's Recommendations             |  |
| <span style="color: red;">+/-</span> Cost of Repairs      | Cost of Repairs  | <input type="text" value="2A"/>            | <input type="text" value="3A"/>     | <input type="text" value="4A"/>  | Minimum Offer<br><input type="text" value="A"/> Maximum Offer<br><input type="text" value="A1"/> |
| <span style="color: red;">+/-</span> Uninsured Losses     | Loss of Use  | <input type="text" value="2B"/>            | <input type="text" value="3B"/>     | <input type="text" value="4B"/>  | Minimum Offer<br><input type="text" value="B"/> Maximum Offer<br><input type="text" value="B1"/> |
| <span style="color: red;">+/-</span> Liability            | Liability (%)  | <input type="text" value="3C"/>            | <input type="text" value="4C"/>     | <input type="text" value="C"/>   | Minimum Offer<br><input type="text" value="C1"/>   |
|   | Sub-Total  | <input type="text" value="3D"/>            | <input type="text" value="4D"/>     | <input type="text" value="D"/>   | Minimum Offer<br><input type="text" value="D1"/>   |
| <span style="color: red;">+/-</span> Other Expenses       | Other Expenses   | <input type="text" value="2C"/>            | <input type="text" value="3E"/>     | <input type="text" value="4E"/>  | Minimum Offer<br><input type="text" value="E"/> Maximum Offer<br><input type="text" value="E1"/> |
| <span style="color: red;">+/-</span> Report Fees          | Survey Fee   | <input type="text" value="2D"/>            | <input type="text" value="3F"/>     | <input type="text" value="4F"/>  | Minimum Offer<br><input type="text" value="F"/> Maximum Offer<br><input type="text" value="F1"/> |
|   | Re-Survey Fee  | <input type="text" value="2E"/>            | <input type="text" value="3G"/>     | <input type="text" value="4G"/>  | Minimum Offer<br><input type="text" value="G"/> Maximum Offer<br><input type="text" value="G1"/> |
|   | LTA/GIA/Police Report Fees                                   | <input type="text" value="2F"/>            | <input type="text" value="3H"/>     | <input type="text" value="4H"/>  | Minimum Offer<br><input type="text" value="H"/> Maximum Offer<br><input type="text" value="H1"/> |
| <span style="color: red;">+/-</span> 3rd Party Legal Fees | 3rd Party Lawyer's Cost                                      | <input type="text" value="2G"/>            | <input type="text" value="3I"/>     | <input type="text" value="4I"/>  | Minimum Offer<br><input type="text" value="I"/> Maximum Offer<br><input type="text" value="I1"/> |
|   | 3rd Party Lawyer's Disbursements                             | <input type="text" value="2H"/>            | <input type="text" value="3J"/>     | <input type="text" value="4J"/>  | Minimum Offer<br><input type="text" value="J"/> Maximum Offer<br><input type="text" value="J1"/> |
| <span style="color: red;">+/-</span> Our Legal Fees       | Our Lawyer's Cost  | <input type="text" value="2I"/>            | <input type="text" value="3K"/>     | <input type="text" value="4K"/>  | Minimum Offer<br><input type="text" value="K"/> Maximum Offer<br><input type="text" value="K1"/> |
|   | Our Lawyer's Disbursements                                   | <input type="text" value="2J"/>            | <input type="text" value="3L"/>     | <input type="text" value="4L"/>  | Minimum Offer<br><input type="text" value="L"/> Maximum Offer<br><input type="text" value="L1"/> |
|   | Total  | <input type="text" value="2K"/>            | <input type="text" value="3M"/>     | <input type="text" value="4M"/>  | Minimum Offer<br><input type="text" value="M"/> Maximum Offer<br><input type="text" value="M1"/> |
| Remarks   | <input type="text" value="Free-text (max chars allowable)"/> |  |                                     |                                  |  |

## OD Counter Offer Mandate Approval

|                          |                               |  |  |  |  |
|--------------------------|-------------------------------|--|--|--|--|
| Mandate Details          |                               |  |  |  |  |
| Assigned To              | Type of Claim                 | Investigation Result                       |  |  |  |
| Scenario                 |                               |  |  |  |  |
| Evidence                 | <input type="checkbox"/> CCTV | <input type="checkbox"/> Witness Statement | <input type="checkbox"/> Scene Pics                              |  |  |
| Related Facts            |                               |  |  |  |  |
| CO's Assessment          |                               |  |  |  |  |
| Supervisor Approval      |                               |  |  |  |  |
| Assigned To              |                               |  |  |  |  |
| Approve Recommendations? | <input type="radio"/> Yes     | <input type="radio"/> No                   | Will be the CO whom issued the mandate request to the supervisor |  |  |
| Supervisor's Remark      |                               |  |  |  |  |

|     | Claim Quantum        | 3rd Party's Counter Offer        | Our Previous Offer | CO's Recommendations |    | Supervisor's Mandate |    |
|-----|----------------------|----------------------------------|--------------------|----------------------|----|----------------------|----|
|     | Cost of Repairs      | 2A                               | 3A                 | 4A                   | A  | A1                   |    |
| + - | Cost of Repairs      | Cost of Repairs                  | 2A                 | 3A                   | 4A | A                    | A1 |
| + - | Uninsured Losses     | Loss of Use                      | 2B                 | 3B                   | 4B | B                    | B1 |
| + - | Liability            | Liability (%)                    | 3C                 | 4C                   | C  | C1                   |    |
|     |                      | Sub-Total                        | 3D                 | 4D                   | D  | D1                   |    |
| + - | Other Expenses       | Other Expenses                   | 2C                 | 3E                   | 4E | E                    | E1 |
| + - | Report Fees          | Survey Fee                       | 2D                 | 3F                   | 4F | F                    | F1 |
|     |                      | Re-Survey Fee                    | 2E                 | 3G                   | 4G | G                    | G1 |
|     |                      | LTA/GIA/Police Report Fees       | 2F                 | 3H                   | 4H | H                    | H1 |
| + - | 3rd Party Legal Fees | 3rd Party Lawyer's Cost          | 2G                 | 3I                   | 4I | I                    | I1 |
|     |                      | 3rd Party Lawyer's Disbursements | 2H                 | 3J                   | 4J | J                    | J1 |
| + - | Our Legal Fees       | Our Lawyer's Cost                | 2I                 | 3K                   | 4K | K                    | K1 |
|     |                      | Our Lawyer's Disbursements       | 2J                 | 3L                   | 4L | L                    | L1 |
|     | Total                | 2K                               | 3M                 | 4M                   | M  | M1                   |    |
|     | Remarks              | Free-text (max chars allowable)  |                    |                      |    |                      |    |

### Mandate Request Fields

| Name of Field        | Field Type | Input selections   | Input Type   | No. of Chars  | Remarks |
|----------------------|------------|--|--------------|---------------|---------|
|                      | Drop-down  | Peter<br>Alice<br>Maan Singh<br>Grace  | Alphanumeric |               |         |
| Type of Claim        | Drop-down  | Workshop<br>Law Firm<br>Commuter<br>Pedestrian<br>3rd Party Vehicle<br>Owner | Alphanumeric |               |         |
| Investigation Result | Drop-down  | FAF - Fully at Fault<br>PAF - Partial at Fault<br>NAF - Not at Fault         | Alphanumeric |               |         |
| Scenario             | Free-text  |  | Alphanumeric | 250           |         |
| Evidences            | Checkbox   | CCTV<br>Witness statement<br>Scene Photos                                    | Alphanumeric |               |         |
| Related Facts        | Free-text  |  | Alphanumeric | max allowable |         |
| CO's Assessment      | Free-text  |  | Alphanumeric | max allowable |         |

### Mandate Approval Fields

| Name of Field           | Field Type   | Input selections | Input Type   | No. of Chars  | Remarks |
|-------------------------|--------------|------------------|--------------|---------------|---------|
| Assigned To             | Drop-down    |                  | Alphanumeric |               |         |
| Approve Recommendations | Radio button | Yes<br>No        | Alphanumeric |               |         |
| Supervisor's Remarks    | Free-text    |                  | Alphanumeric | max allowable |         |