

TO - HSIAO TONG

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SGQ9487Y (Insd veh)	Model: Renault Latitude (1995cc)	
	SHB9893A (TP veh)		
Date of Accident/ Time:	14/04/2018		
Repair Estimate	: \$	9,004.59	
Final Repair Cost	: \$	991.21	
Loss of Use Income	: \$	50.00	2 days at \$ 50.00 per day
Rental (if any)	: \$	64.20	2 days at \$128.40 per day
LTA / GIA Search Fee	: \$	5.35	
Others:	: \$	-	
Final Settlement Sum (Global Sum)	: \$	1,650.00	
Payee Name: Trans-cab Auto Services Pte Ltd			
Is Third Party Workshop GIA Registered? <input type="checkbox"/> YES <input type="checkbox"/> NO (Kindly indicate below)			
A)	For Non GIA Registered Workshop:	Agreed Liability _____ (%)	
B)	For GIA Registered Workshop:	BOLA Applicable: Yes/ No BOLA Scenario No: _____	
	BOLA Liability: _____ (%)	Assessed Liability (*): _____ (%)	
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.			
Remarks:			

NOTE:

- PLEASE EXPRESSLY RESERVE YOUR CLIENT'S RIGHTS IF SO REQUIRED IN THIS SETTLEMENT DOCUMENT.
- THIS SETTLEMENT IS ON A WITHOUT PREJUDICE BASIS AND SHOULD NOT CONSTRUED AS AN ADMISSION OF LIABILITY ON AXA AND THEIR CLIENT/TORTFEASOR IN ANY MANNER WHATSOEVER.
- AXA RESERVE THEIR RIGHTS OF RECOVERY IN THE EVENT OF FRAUD / MIS REPRESENTATION / MISTAKE / MATERIAL NON DISCLOSURE. AXA ALSO RESERVES THEIR RIGHTS TO WITHDRAW THEIR ACCEPTANCE IN THE EVENT OF ANY INCONSISTENCIES/FRAUD/SUSPECTED FRAUD/MIS REPRESENTATION AND/OR MATERIAL NON DISCLOSURE OF FACTS/MISTAKE(S).

Only applicable to rental claim - All document are to be submitted with this settlement confirmation. In the event, rental agreement / invoices are **not received within 7 days** of this signed confirmation, we will automatically revert to loss of use claim per the NIMA rates.

We/I confirmed that this is a **full and final settlement** that we and or our client have/had/has against you (AXA and their policyholder/authorised driver/tortfeasor) for any and all losses (past/present/future) arising from this accident.

We confirmed that we have the authority of our client to act for and on their behalf in this accident.

Signature of workshop representative / Workshop stamp
 Name of Representative: **Jasmine Tan**
 Date: **17 APR 2019**

Signature of Witness / Workshop stamp (if applicable)
 Name of Witness: **NG WAI YIN**
 Date: **01 APR 2019**

Signature of AXA's surveyor/representative:
 Name of AXA's surveyor /Representative:
 Date:

TRANS-CAB SERVICES PTE LTD

No. 2 Ang Mo Kio Street 63 Singapore 569111
Tel No. : 6287 6666 Fax No. : 6281 1400
Co./GST Reg. No. 200303878K

Authorization To Act

I, TAN LIAN HO (Hirer), S 0876246 E (NRIC no.)

hereby authorize Trans-cab Services Pte Ltd to act on my behalf to claim
for my loss of earnings for the accident involving 54B 98931 and
86Q 9487Y along NEW Market Rd
on 14-04-16 at 1750 hrs.

In addition, we also hereby authorize the above payment to be made in
favour of Trans-cab Auto Services Pte Ltd upon settlement.

Dated this 15 day of APR 2016



(Hirer's signature)

Name:- TAN LIAN HO

NRIC Number:- S 0876246 E

Address: Blk 107 Towner Rd

22-372 S C 321107)