



AAP 1605-023

TO : Cecilia

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SKZ 1525D	(Insd veh)	Model: CHEVROLET EPICA
	SHD 9492M	(TP veh)	
Date of Accident/ Time:	30/04/2016 / 00:40		

Repair Estimate	: \$				
Final Repair Cost	: \$	668.75	(W/GST)		
Loss of Use	: \$		days at \$ per day		
Rental (if any)	: \$	128.40	2.5 days at \$ 51.36 per day		
LTA / GIA Search Fee	: \$	6.00			
Others:	: \$				
	: \$				
Final Settlement Sum	: \$	800.00	(global sum)		
Payee Name : TRANS-CAB AUTO SERVICES PTE LTD					
Is Third Party Workshop GIA Registered? [] YES [] 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: 50 (%)	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 RESERVES THEIR RIGHTS UNDER THE POLICY TERMS & CONDITIONS AS WELL AS THEIR RIGHTS IN LAW.

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: **NG WAI YIN**
 Date: **07 AUG 2019**

Signature of Witness / Workshop stamp (if applicable)
 Name of Witness: **Calvin Er**
 Date:

07 AUG 2019

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