



To: Su Li

AAD 1711-309

## AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SKD 3866Y	(Insd veh)	
	SHD 9426E	(TP veh)	Model: CHEVROLET EPICA 2.0DSL
Date of Accident/ Time:	28/11/2017		

Repair Estimate	: \$	
Final Repair Cost	: \$	
Loss of Use	: \$	days at \$ per day
Rental (if any)	: \$	days at \$ per day
LTA / GIA Search Fee	: \$	
Others:	: \$	
	: \$	
Final Settlement Sum (Global Sum)	: \$ 1,700.00	
Payee Name : TRANS-CAB AUTO SERVICES PTE LTD		
Is Third Party Workshop GIA Registered? [ X ] YES [ ] NO (Kindly indicate below)		
A) For Non GIA Registered Workshop: Agreed Liability _____ (%)		
B) For GIA Registered Workshop: BOLA Applicable: <u>Yes</u> / No BOLA Scenario No: <u>NIL</u>		
BOLA Liability: _____ (%) Assessed Liability (*): <u>100</u> (%)		
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.		
Remarks:		


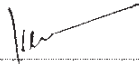
## NOTE:

- 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: <u>Ng Wai Yin</u> Date: <u>5</u> / <u>9</u>	 Signature of Witness / Workshop stamp (if applicable) Name of Witness: <u>Ken Teo</u> Date: _____
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Signature of AXA's surveyor/representative:  
Name of AXA's surveyor /Representative:  
Date: