



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SJL203A (Insd veh)	Model: RENAULT LATITUDE 2.0L DCI
	SHB9739M (TP veh)	
Date of Accident/ Time:	08/12/2017 @ 0845HRS	

Repair Estimate	: \$	
Final Repair Cost	: \$	5,510.50
Loss of Use	: \$	days at \$ per day
Rental (if any)	: \$	546.26 55 days at \$99.32 per day
LTA / GIA Search Fee	: \$	5.35
Others:	: \$	
Final Settlement Sum	: \$	6,060.00
Payee Name : TRANS-CAB AUTO SERVICES PTE LTD		
Is Third Party Workshop GIA Registered? <input checked="" type="checkbox"/> YES [] NO (Kindly indicate below)		
A)	For Non GIA Registered Workshop:	Agreed Liability _____ (%)
B)	For GIA Registered Workshop:	BOLA Applicable: <input checked="" type="checkbox"/> Yes / No BOLA Scenario No: 27
	BOLA Liability: 100 (%)	Assessed Liability (*): _____ (%)
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.		
Remarks:		

NOTE:

1. PLEASE EXPRESSLY RESERVE YOUR CLIENT'S RIGHTS IF SO REQUIRED IN THIS SETTLEMENT DOCUMENT.
2. THIS SETTLEMENT IS ON A WITHOUT PREJUDICE BASIS AND SHOULD NOT CONSTRUED AS AN ADMISSION OF LIABILITY ON AXA AND THEIR CLIENT/TORTEASOR IN ANY MANNER WHATSOEVER.
3. 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: 07/12/2017 KBC	 Signature of Witness / Workshop stamp (if applicable) Name of Witness: Amanda Tay Date: 07/12/2017
Signature of AXA's surveyor/representative: Name of AXA's surveyor /Representative: Date:	