



TO : Poh Kin

A901712-508

## AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SKJ 4980L (Insd veh)	Model: RENAULT - LATITUDE 2.0L
	SHD 464D (TP veh)	
Date of Accident/ Time:	19/12/2017	

Repair Estimate	: \$		
Final Repair Cost	: \$	5,544.54 (w/gst)	(\$5,181.81 + 7%gst)
Loss of Use / Income	: \$	150.00	3 days at \$ 50.00 per day
Rental (if any)	: \$	234.00	3 days at \$ 78.00 per day
LTA / GIA Search Fee	: \$	5.35	
Others:	: \$	Nil	
	: \$		
Final Settlement Sum	: \$	5,933.89	

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: _____ (%)	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/TORTEASOR 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:   
 Name of Representative: NG WAI YIN  
 Date: 26 JUL 2019



Signature of Witness / Workshop stamp (if applicable)  
 Name of Witness: Irene  
 Date: 26 JUL 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, NKV Balasubramaniam (Hirer), S 1560 889 G (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 SHD 464D and  
SKJ 4908L along Choa Chu Kang Rd toward Bukit Panjang Road  
on 19-12-17 at 2040 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 20 day of DEC 2017

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(Hirer's signature)Name:- NKV SubramaniamNRIC Number:- S 1560 889 GAddress: Blk 687B Choa Chu Kang Drive# 15-278 Sg 682687