



AAD1801-048

## AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SLC5152D	(Insd veh)	Model: RENAULT LATITUDE 2.0L DCI
	SHB9759E	(TP veh)	
Date of Accident/ Time:	02/01/2018 @ 1245HRS		

Repair Estimate	: \$		
Final Repair Cost	: \$	963.00	
Loss of Use	: \$	100.00	4 days at \$50 per day
Rental (if any)	: \$	198.64	4 days at \$49.66 per day
LTA / GIA Search Fee	: \$	3.35	
Others:	: \$		
	: \$		
Final Settlement Sum	: \$	1,260.00	
Payee Name : TRANS-CAB AUTO SERVICES PTE LTD			
Is Third Party Workshop GIA Registered? <input checked="" 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/ <input checked="" type="radio"/> NO BOLA Scenario No: <u>NIL</u>
	BOLA Liability: _____ (%)		Assessed Liability (*): <u>50</u> (%)
* 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 WAH YIN  
Date: 27 NOV 2018



KOC

Signature of Witness / Workshop stamp (if applicable)  
Name of Witness: Amanda Tay  
Date: 21/11/18

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