



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	PC 2561D	(Insd veh)	Model: CHEVROLET EPICA
	SHD 121T	(TP veh)	
Date of Accident/ Time:	10/01/18		

Repair Estimate	: \$	16,931.92	
Final Repair Cost	: \$	3,156.50	
Loss of Use - INCOME Taken Sum	: \$	150.00	3 days at \$ 50 per day
Rental (if any)	: \$	225.75	3 days at \$75.25 per day
LTA / GIA Search Fee	: \$	7.45	
Others:	: \$		
	: \$		
Final Settlement Sum	: \$	3,539.70	
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: Yes / No BOLA Scenario No: <u>NIL</u>	
	BOLA Liability: <u>100</u> (%)	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  the authority of our client to act for and on their behalf in this accident.

Signature of workshop representative / Workshop stamp
Name of Representative: Jasmine Tan
Date: 25 JUN 2019

Signature of Witness / Workshop stamp (if applicable)
Name of Witness: NG WAI YIN
Date: 26 JUN 2019

Signature of AXA's surveyor/representative:
Name of AXA's surveyor /Representative:
Date: 26/6/2019