

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:			FBG 951U (Insd veh)			
and the second s	Control of the Contro		SHD 334X (TP veh)	Model: Renault	Latitude (1995cc)	
Date of Accident/ Time:		***************************************	05/03/2018			
Repair Est	imate	:\$	36,386.38			
Final Repair Cost		:\$				
Loss of Us	Token Sum	: \$			3 days at \$50.00 per day	
Rental (if any)		:\$			3 days at \$103.60 per day	
LTA / GIA Search Fee		:\$				
Others:		: \$				
		1:\$				
Final Settlement Sum (Global Sum)		:\$			A STATE OF THE PROPERTY OF THE	
Pavee Na	me: Trans-cab Auto	Serv	rices Pte Ltd			
Is Third P	arty Workshop GIA Registere	d?	[X] YES [] NO	(Kindly indicate below)		
A)	For Non GIA Registered	egistered Workshop:		Agreed Liability (%)		
B)	For GIA Registered Workshop:		BOLA A	BOLA Applicable: Yes/ No BOLA Scenario No: NIL		
	BOLA Liability: 50 (%)) Assesse	Assessed Liability (*): 50 (%)		
	* Assessed Liability to L	* Assessed Liability to be filled only for chain callisions and for cases where BOLA does not apply.				

NOTE:

Remarks

- 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/TORTFEASOR 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 aux client to act for and on their behalf in this accident. Tel:

\$2576666

Signature of workshop representative / Workshop stamp

LKK

Name of Representative: Amonda Tay

Date:

16106120

Signature of Witness / Workshop stamp (if applicable)

Name of Witness: | PENG TANG

Date: 16/06/20

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

Date: 17/06/2020