



redefining / insurance

## AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SJV 2861J (Insd veh)	Model:	HONDA JAZZ 1.5 CVT
	SLX 469M (TP veh)		
Date of Accident/ Time:	01/04/2018 - 11:30		

Repair Estimate	: S	10,049.44	
Final Repair Cost (w/gst)	: S	4,601.00	
Loss of Use	: S	540.00	9 days at \$ 60 per day
Rental (if any)	: S	-	days at \$ per day
LTA / GIA Search Fee	: S	7.45	
Others:	: S	-	
Final Settlement Sum	: S	5,148.45	

Payee Name: MG SOLUTION PTE LTD

Is Third Party Workshop GIA Registered?		<input 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/ 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/TORTFEASOR IN ANY MANNER WHATSOEVER.
- AXA RESERVE THEIR RIGHTS OF RECOVERY IN THE EVENT OF FRAUD / MIS REPRESENTATION / MISTAKE / MATERIAL NON DISCLOSURE. AXA ALSO RESERVES THEIR RIGHTS TO WITHDRAW THEIR ACCEPTANCE IN THE EVENT OF ANY INCONSISTENCIES/FRAUD/SUSPECTED FRAUD/MIS REPRESENTATION AND/OR MATERIAL NON DISCLOSURE OF FACTS/MISTAKE(S).

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/have 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:   
Date: 2018.04.01

Signature of Witness / Workshop stamp (if applicable)  
Name of Witness: Eric Tan  
Date:

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

AXA Insurance Pte Ltd (Company Reg. No. 199903512M)  
8 Shenton Way, #24-01 AXA Tower, Singapore 068811  
Customer Centre #B1-01  
Tel: +65 6880 4888 Fax: +65 6338 2522 Website: www.axa.com.sg



## MG SOLUTION PTE LTD

23 Kaki Bukit Ave 4, AAS Kaki Bukit Centre #02-03 Singapore 415933

Tel: 6243 1373 Fax: 6243 1376

(GST Reg. No. 20-1427944-N)

# TAX INVOICE

Bill To:

**AXA INSURANCE SINGAPORE PTE LTD**

8 SHENTON WAY

#27-01 AXA TOWER

SINGAPORE 068811

INVOICE No : TI 199076

PB No : 188251

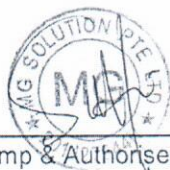
Date : 01-April-2019

ATTN : MOTOR CLAIMS DEPARTMENT

Vehicle Number : SLX 469M

QTY	DESCRIPTION	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 4,300.00
BEFORE GST		4,300.00
7% GST		301.00
TOTAL		\$ 4,601.00

Cheque should be made payable to **MG Solution Pte Ltd**



Co's stamp & Authorised Signature