



VIC

Without Prejudice
to our driver's Injury claim

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SLP5116R	(Insd veh)	Model: KIA FORTE K3 1.6A
	SLG9101D	(TP veh)	
Date of Accident/ Time:	05/05/2018 @ 1500HRS		

Repair Estimate	: \$				
Final Repair Cost	: \$				
Loss of Use	: \$	days at \$	per day		
Rental (if any)	: \$	days at \$	per day		
LTA / GIA Search Fee	: \$				
Others:	: \$				
	: \$				
Final Settlement Sum	: \$	2,750.00			
Payee Name : DING AUTO 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:

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 our client to act for and on their behalf in this accident.

			
Signature of workshop representative / Workshop stamp		Signature of Witness / Workshop stamp (if applicable)	
Name of Representative: Kenneth Ding		Name of Witness: DD HASHIM	
Date: 25/07/19		Date: 25/07/2019	

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

DING AUTO PTE LTD

Business Reg. No : 201311788Z

BLK 10, #01-20 SIN MING IND EST. SEC C, SINGAPORE 575645

Tel: 6452 1208 Fax: 6452 0614

(24 hrs towing services)

TAX INVOICE**AXA INSURANCE PTE LTD**8 SHENTON WAY #27-01, AXA TOWER
SINGAPORE 068811

ATTN :

TEL :

FAX :

INVOICE : I-001070
DATE : 01-11-2018
GST REG NO : 201311788Z
TERMS : C.O.D.
PO NO : SLP5116R
OUR REF : SLG9101D
PAGE : 1 of 1

ITEM NO.	DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
1	Repair Cost - SLG9101D REF : CC4/ASM18008624/R1ua3	1	2,400.00	2,400.00
2	LTA Search Fee	1	1.87	1.87
3	Loss Of Use	3	60.00	180.00

REMARKS :

Your Ref : CC4/ASM18008624/R1ua3
TP CLAIM AGAINST SLP5116R
OIC Mr Vick LKK
Offer revised on 25/07/19

SUB TOTAL : 2,581.87
GST : 168.13
TOTAL SGD : **2,750.00**
DEPOSIT :
O/S BALANCE :

FOR DING AUTO PTE LTD



Authorised Signature

Customer Signature

I have inspected and hereby confirmed that
the job done and the amount due herein
are entire to my satisfaction