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

INVOICE DATE

I-001070

GST REG NO

01-11-2018 201311788Z

TERMS

C.O.D.

PO NO

SLP5116R

OUR REF

SLG9101D

PAGE

ATTN:

TEL:

FAX:

1 Repair Cost - SLG9101D	EL ;	FAX:	PAGE		1 of 1
REF : CC4/ASM18008624/R1ua3 2	ITEM NO.	DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
3 Loss Of Use 3 60.00 REMARKS: SUB TOTAL : 2,1 FOUR REF : CC4/ASM18008624/R1ua3 FOUR REF : CC4/ASM18008624/R1ua3 FOUR REF : CC5/ASM18008624/R1ua3 FOUR REF : CC5/ASM18008424 FOUR REF : CC5/ASM18008624/R1ua3 FOUR REF : CC5/ASM18008624/R1ua3 FOUR REF : CC5/ASM18008424 FOUR REF : CC5/ASM18008424 FOUR REF : CC5/ASM18008424 FOUR REF : CC5/ASM18008424 FOUR REF : CC5	1	Repair Cost - SLG9101D	1	2,400.00	2,400.00
REMARKS: **four Ref : CC4/ASM18008624/R1ua3 **FP CLAIM AGAINST SLP5116R **SUB TOTAL : 2,4 **GST : CST	2	LTA Search Fee	1	1.87	1.87
Your Ref: CC4/ASM18008624/R1ua3 TP CLAIM AGAINST SLP5116R GST GST	3	Loss Of Use	3	60.00	180.00
Your Ref: CC4/ASM18008624/R1ua3 TP CLAIM AGAINST SLP5116R GST GST		·			
Our Ref: CC4/ASM18008624/R1ua3 P CLAIM AGAINST SLP5116R GST GST					
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our Ref : CC4/ASM18008624/R1ua3 P CLAIM AGAINST SLP5116R	our Ref : CC4/ASM18008624/R1ua3 P CLAIM AGAINST SLP5116R DIC Mr Vick LKK		SUB TOTAL	:	2,581.87
			GST	:	168.13
			TOTAL SGD	:	2,750.00
Offer revised on 25/07/19 DEPOSIT : O/S BALANCE :	mer revised	on 25/0//19		: `E :	

FOR DING AUTO PT# LTD

Authorised Signature

DING

Customer Signature

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



Vehicle No:

Without Prejudice to our driver's injury claim

AXA THIRD PARTY DIRECT SETTLEMENT

SI P5116R

Vehide No: SLI		SLP5116R	P5116R						
		SLG91010	·	(TP veh)	Model:	KIA FORTE	K3 1.6A		
Date of Accident/Time: 05/0!		05/05/2018	3 @ 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:		:\$							
		1.\$							
Final Settlement Sum		:\$	2,750.00				-		
Payee Name : DIN	NG AUTO I	PTE LTD					1.		
Is Third Party Work	shop GIA Re	istered? [) YES [] NO	(Kindly ind	icate below)			
A) For	For Non GIA Registered Workshop:			Agreed I	lability	(%)			
B) For	For GIA Registered Workshop:			BOLA A	BOLA Applicable: Yes/ No BOLA Scenario No:				
BO	LA Liability:	(%)		Assessed	d Liability (*	y: <u>-</u>	{(%)		
*A.	ssessed Liabili	ty to be filled	only for chain col	lisions and fo	r cases who	ere 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.
- 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 plent to act for and on their behalf in this accident.

Signature of workshop representative / Workshop stamp Name of Representative:

Signature of Witness / Workshop stamp (if applicable) Ld

DIA

Name of Witness: DD HASHIM

Date: 25/07/2019

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

Date: