

**Tower Transit Singapore Pte Ltd**

21 Bulim Drive, Bulim Bus Depot, Singapore 648170

Co. Registration No. / GST Registration No. 201419417K

Website: www.towertransit.sg Email: AP@towertransit.sg

TAX INVOICE**Bill To:****AXA Insurance Pte Ltd**

8 Shenton Way, # 27-01/02 AXA Tower

Singapore 068811

GST Reg. No : 201419417K

Invoice No. : AXA-201911-02

Invoice Date : 28-Nov-2019

Terms : 28 days

Contract No. :-

Attention: Claims Department

Item	DESCRIPTION	GROSS AMOUNT (S\$)	TAX RATE	TAX (S\$)	AMOUNT (S\$)
1	Being cost recovery regarding accident involving SMB3565C and SLZ8752G dated 27 May 2018 Cost of Repair	2,000.00	7%	140.00	2,140.00
TOTAL		2,000.00		140.00	2,140.00

Interest shall be levied from the due date of the invoice to the date payment is received. The interest rate shall be at 7.5% p.a. except when there is an agreement in which case the applicable late interest rate as per the agreement shall take precedence.

For Bank Transfer:

Bank Name: The Hongkong and Shanghai Banking Corporation Limited

Account Name: Tower Transit Singapore Pte Ltd

Bank Code: 7232

Branch Code: 052 Collyer Quay Branch

Account No.: 052-394822-001

SWIFT Code: HSBCSGSG

Authorised Signature

Name: Subramanian Kāsi

Title: Finance Director

**Tower Transit Singapore Pte Ltd**

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Website: www.towertransit.sg Email: AP@towertransit.sg

TAX INVOICE**Bill To:****AXA Insurance Pte Ltd**

8 Shenton Way, # 27-01/02 AXA Tower

Singapore 068811

GST Reg. No : 201419417K

Invoice No. : AXA-201911-03

Invoice Date : 28-Nov-2019

Terms : 28 days

Contract No. : -

Attention: Claims Department

Item	DESCRIPTION	GROSS AMOUNT (\$\$)	TAX RATE	TAX (\$\$)	AMOUNT (\$\$)
	Being cost recovery regarding accident involving SMB3565C and SLZ8752G dated 27 May 2018				
1	Loss of Use (3 days @ \$300/day)	900.00	0%	0.00	900.00
2	GIA Search Fee	1.87	7%	0.13	2.00
TOTAL		901.87		0.13	902.00

Interest shall be levied from the due date of the invoice to the date payment is received. The interest rate shall be at 7.5% p.a. except when there is an agreement in which case the applicable late interest rate as per the agreement shall take precedence.

For Bank Transfer:

Bank Name: The Hongkong and Shanghai Banking Corporation Limited

Account Name: Tower Transit Singapore Pte Ltd

Bank Code: 7232

Branch Code: 052 Collyer Quay Branch

Account No.: 052-394822-001

SWIFT Code: HSBCSGSG

Authorised Signature

Name: Subramanian Kasi

Title: Finance Director



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SLZ8752G	(Insd veh)	Model:ALEXANDER DENNIS ENVIRO500
	SMB3565C	(TP veh)	
Date of Accident/ Time:	27/05/2018 @ 1140HRS		

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	: \$	3,042.00			
Payee Name : TOWER TRANSIT SINGAPORE 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
Name of Representative: **WU TZU YING**
Date: **27/11/2019**




Signature of Witness / Workshop stamp (if applicable)
Name of Witness: **LYNN AHMAD**
Date: **27/11/2019**



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