



redefining / insurance

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SLV 3855Y (Insd veh)	Model:	RENAULT LATITUDE 2.0L DCI AUTO D/AB 4DR
	SHD 9737H (TP veh)		
Date of Accident/ Time:	14/07/2018 - 09:25HRS		

Repair Estimate	: \$	43,089.46	
Final Repair Cost	: \$	4,173.00	
Loss of Use	: \$	200.00	4 days at \$ 50.00 per day
Rental (if any)	: \$	333.84	4 days at \$ 83.46 per day
LTA / GIA Search Fee	: \$	7.49	
Others:	: \$	-	
Final Settlement Sum	: \$	4,714.33	
Payee Name: TRANS-CAB AUTO SERVICES 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:

- 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/TORTEFEASOR 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 valid 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: *Jasmine Tan*
Date: 29 APR 2019

Signature of Witness / Workshop stamp (if applicable)
Name of Witness: *Ng Nai Yin*
Date: 29 APR 2019

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

TRANS-CAB SERVICES PTE LTD

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6281 1400

Co./GST Reg. No. 200303878K

Authorization To Act

I, Sim Seng Tze Alvin (Hirer), S 7924 691C (NRIC no.)

hereby authorize Trans-cab Services Pte Ltd to act on my behalf to claim

for my loss of earnings for the accident involving SHD 9737 H and

SLV 3855 Y along Jalan Eunos

on 14-7-18 at 935 hrs.

In addition, we also hereby authorize the above payment to be made in favour of Trans-cab Auto Services Pte Ltd upon settlement.

Dated this 16 day of July 2018



(Hirer's signature)

Name:- Sim Seng Tze Alvin

NRIC Number:- S 7924 691C

Address: Blk Jurong West 37 74

#09-38 S (640754)