

## CYCLE & CARRIAGE KIA PTE LTD

Body & Paint Centre 209 Pandan Gardens, Singapore 609339 Tel +65 6568 4501 - Fax +65 6565 1240 Company No. 199405410K

20th August 2019

LKK Ref: CC4/ASM18013407/R1fb3

Ms Vivian Lau (Motor Claims Department) LKK Auto Consultants Pte Ltd Blk 51 Paya Ubi Industrial Park #02-25 Ubi Avenue 1 Singapore 408933

Dear Madam,

Discharge Voucher for Accident Involving Vehicles SLV1925S and SKB9899K on 20/07/2018

Attached is the signed Discharge Voucher.

Kindly process for payment to, Cycle & Carriage Kia Pte Ltd, the soonest possible.

Appreciate your assistance.

Yours Sincerely,

Loi Ai Ting

Senior Officer - Admin



## AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:			SKB 9899K	(Insd veh)				
			SLV 1925S	(TP veh)	Model:			
Date of Accident/ Time:			20/07/2018					
Repair Estimate		:\$						
Final Repair Cost		:\$			4,294.98			
Loss of Use		:\$	350.00			07 days at \$ 50.00 per day		
Rental (if any)		:\$				days at \$	per day	
LTA / GIA Search Fee		:\$			2.00			
Others:		:\$						
		:\$						
Final Settlement Sum		:\$			4,646.98			
Payee Na	ame : CYCLE AND CAR	RRIAGE KIA	PTE LTD					
Is Third P	arty Workshop GIA Regi	stered?	[X ] YES [	] NO	(Kindly indicate below)			
A)	For Non GIA Registered Workshop:			Agreed	Agreed Liability(%)			
В)	For GIA Registered Workshop:			BOLA A	BOLA Applicable: Yes/-No- BOLA Scenario No: 27			
	BOLA Liability: 100 (%)			Assesse	Assessed Liability (*):(%)			

## NOTE:

Remarks:

- 1. 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.

\* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.

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

KSC PG

Signature of workshop representative / Workshop stamp Name of Representative Town Abcede Cama

Date: 20 08/19

Signature of Witness / Workshop stamp (if applicable)

Name of Witness: Lor A: TE

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

Date: