



Without Prejudice
to our driver's Injury claim

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SLB986C (Insd veh)	Model: HYUNDAI I40-1.7 D CRDI (A)
	SHB3275Z (TP veh)	
Date of Accident/ Time:	23/08/2019	

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 (Global Sum)	: \$	2,440.00	

Payee Name : DING AUTOMOTIVE 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: <u>NIL</u>
	BOLA Liability: _____ (%)	Assessed Liability (*): <u>100</u> (%)
* 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: Kelly
Date: 21/10/19



Signature of Witness / Workshop stamp (if applicable)
Name of Witness: YIM YI YING
Date: 21/10/19



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

Business Reg. No : 201619222G
BLK 10, #01-20 SIN MING IND EST. SEC C, SINGAPORE 575645
Tel: 6452 1208 Fax: 6452 0614

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

FAX :

INVOICE	:	I-000811
DATE	:	22-10-2019
GST REG NO	:	201619222G
TERMS	:	C.O.D.
PO NO	:	SLB986C
OUR REF	:	SHB3275Z
PAGE	:	1 of 1

REMARKS :
Job No: 50111960
Your Ref: SLB986C (CC4/ASM19014987/R1pb3)
DOA: 23/08/2019
OIC: MS HSIAO TONG

SUB TOTAL	:	1,500.00
GST	:	105.00
		<hr/>
TOTAL SGD	:	1,605.00
DEPOSIT	:	
O/S BALANCE	:	

FOR DING AUTOMOTIVE 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