

TO: Cecilia



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	GBG 5165P (Insd veh)	Model: RENAULT LATITUDE
	SHF 724T (TP veh)	
Date of Accident/ Time:	28/08/2018 / 12:45	

Repair Estimate	\$		
Final Repair Cost	\$	10,646.50	(WGST)
Loss of Use / INCOME	\$	250.00	5 days at \$ 50.00 per day
Rental (if any)	\$	608.76	5 days at \$101.46 per day
LTA / GIA Search Fee	\$	7.49	
Others:	\$		
	\$		
Final Settlement Sum	\$	11,410.00	(GLOBAL SUM)
Payee Name : TRANS-CAB AUTO SERVICES PTE LTD			
Is Third Party Workshop GIA Registered? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Kindly indicate below)			
A)	For Non GIA Registered Workshop:	Agreed Liability _____ (%)	
B)	For GIA Registered Workshop:	BOLA Applicable: Yes/ No BOLA Scenario No: 7	
	BOLA Liability: 100 (%)	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/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 client to act for and on their behalf in this accident.

 Signature of workshop representative / Workshop stamp Name of Representative: NG WAN YN Date: 08/09/18	 Signature of Witness / Workshop stamp (if applicable) Name of Witness: Renee Tang Date:
Signature of AXA's surveyor/representative: Name of AXA's surveyor /Representative: Date:	