



This Settlement excludes any bodily injuries arising out of the above said accident and pertains to property damage only

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	EC777S	(Insd veh)	Model: KIA OPTIMA-1.7 D (A)
	SHB8472M	(TP veh)	
Date of Accident/ Time:	13/09/2018		

Repair Estimate	: \$		
Final Repair Cost (WGST)	: \$	299.60	
Loss of Use	: \$		days at \$ per day
Rental (if any)	: \$	228.12	2 days at \$ 114.06 per day
LTA / GIA Search Fee	: \$	2.00	
Others:	: \$		
	: \$		
Final Settlement Sum	: \$	529.72	

Payee Name : PREMIER AUTOMOTIVE 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: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No BOLA Scenario No: 24
	BOLA Liability: 100 (%)	Assessed Liability (*): _____ (%)

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

Remarks:

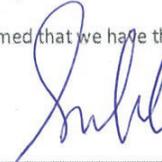
NOTE:

- 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: STAFFAWATI MD RABBU
 Date: 11/12/19

Signature of Witness / Workshop stamp (if applicable)
 Name of Witness: VINCENT CHUA
 Date: 11/12/19

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

AUTHORIZATION TO ACT

I, PREMIER TAXIS PTE LTD (the third party claimant") of 23 CHANGI SOUTH AVENUE 2 #03-02 SINGAPORE 486443 (address), owner of SHB8472M (vehicle no.) hereby authorize PREMIER AUTOMOTIVE SERVICES PTE LTD ("the workshop") to act for me with respect to my claim for repair costs and/or rental and/or loss of use ("claim") for my vehicle no SHB8472M that was damaged pursuant to the accident which occurred on 13/09/2018 (date) along RITZ CARLTON HOTEL BASEMENT CARPARK (location) involving vehicle no/s EC777S ("the accident").

I further authorize the workshop to settle my above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement of my claim with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle/s is concerned.

Dated this 11 (day) of 12 (month) 2019 (year)



A handwritten signature in blue ink, written over a horizontal line.

Signed by "the third party claimant"
(with chop if applicable)



A handwritten signature in blue ink, written over a horizontal line.

Signed by "the workshop"
(with chop)

LETTER OF AUTHORITY

To: Premier Taxis Pte Ltd
23 Changi South Avenue 2
#03-02
Singapore 486443

And

Premier Automotive Services Pte Ltd
23 Changi South Avenue 2
#01-02
Singapore 486443

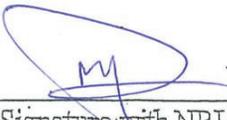
ACCIDENT INVOLVING SHB8472M & EC 7775
ON 13/9/18 AT/ALONG Basement Carpark @ Ritz Carlton

1. I, KANNAN S/O MARIMUTHU, NRIC No. S75294622

am the registered Hirer / Relief Driver of motor taxi No. SHB8472M at the time of the above accident.

2. Hereby you have my authority to:

- send a letter of demand on my behalf;
- negotiate a settlement on my behalf;
- confirm a settlement / accept any offer on my behalf;
- sign any Discharge Voucher (if necessary) on my behalf;
- receive payment of the settlement sum / compensation monies on my behalf including to request that the cheque for the settlement sum be made payable to you.


Signature with NRIC No. S75294622

14/9/18
Date

Name: KANNAN S/O MARIMUTHU

Blk 613, JURONG WEST STB2 #06-153 S(6Y0613)
Address

Contact No.: 93893780

Email: _____