



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SJS 5097U	(Insd veh)	Model: RENAULT LATITUDE 2.0L DCI AUTO
	SHD 539Y	(TP veh)	
Date of Accident/ Time:	20/09/2018 08.15		

Repair Estimate	: \$	25,644.35	
Final Repair Cost (w/gst)	: \$	3,246.74	
Loss of Income Token Sum	: \$	200.00	4 days at \$ 50.00 per day
Rental (if any)	: \$	530.28	4 days at \$132.57 per day
LTA / GIA Search Fee	: \$	7.45	
Others:	: \$	-	
	: \$		
Final Settlement Sum	: \$	3,800.00	(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: <input checked="" type="checkbox"/> Yes / No BOLA Scenario No: <u>27</u>	
BOLA Liability: <u>100</u> (%)		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: Amanda Tay

Date: 22/04/20



KSC

Signature of Witness / Workshop stamp (if applicable)

Name of Witness:

Date: 24 APR 2020

Jasmine Tan

Signature of AXA's surveyor/representative:

Name of AXA's surveyor /Representative:

Date: 27/04/2020