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4401809-522

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	GBE 2299S	(Insd veh)	Model: RENAULT LATITUDE 2.0L
	SHD 409P	(TP veh)	
Date of Accident/ Time:	23/09/2018		

Repair Estimate	: \$		
Final Repair Cost (WITH GST)	: \$	29,638.87	
Loss of Use / LOI	: \$	600.00	12 days at \$ 50.00 per day
Rental (if any)	: \$	1,268.88	12 days at \$ 105.74 per day
LTA / GIA Search Fee	: \$	7.49	
Others:	: \$		
	: \$		
Final Settlement Sum	: \$	31,515.24	
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: <u>28</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:

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: <u>NG WAI YIN</u> Date: <u>08 OCT 2019</u>	 Signature of Witness / Workshop stamp (if applicable) Name of Witness: <u>Irene Tang</u> Date: <u>08 OCT 2019</u>
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Signature of AXA's surveyor/representative:
Name of AXA's surveyor /Representative:
Date: