



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SKZ 2476E (Insd veh)	Model: RENAULT LATITUDE 2.0L DCI AUTO D/AB 4DR
	SHD 163Y (TP veh)	
Date of Accident/ Time:	22/09/2018 03:30	

Repair Estimate	: \$	53,411.39	
Final Repair Cost (W/GST)	: \$	8,132.00	
Loss of use Token Sum	: \$		days at \$ per day
Rental (if any)	: \$	608.76	6 days at \$101.46 per day
LTA / GIA Search Fee	: \$	7.45	
Others:	: \$		
Final Settlement Sum	: \$	8,740.00	(GLOBAL SUM)
Payee Name : TRANS-CAB AUTO SERVICES PTE LTD			
Is Third Party Workshop GIA Registered? <input checked="" type="checkbox"/> 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 / No BOLA Scenario No: 15	
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 	Signature of Witness: 	Workshop stamp (if applicable)
Name of Representative: Amanda Tay		Name of Witness: Irene Tan	
Date: 30/07/20		Date: 30 JUL 2020	
Signature of AXA's surveyor/representative:			
Name of AXA's surveyor /Representative:			
Date:			