



Without Prejudice
to our driver's Injury claim

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SHC 5876X (Insd veh)	Model:
	SHA 649D (TP veh)	
Date of Accident/ Time:	02/10/2018	

Repair Estimate	: \$	
Final Repair Cost	: \$	21,780.58
Loss of Use	: \$	525.00 10.5 days at \$ 50.00 per day
Rental (if any)	: \$	1,128.54 10.5 days at \$ 107.48 per day
LTA / GIA Search Fee	: \$	7.45
Others:	: \$	
	: \$	
Final Settlement Sum	: \$	23,441.57

Payee Name : DING AUTOMOTIVE 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: <u>Yes</u> / No BOLA Scenario No: <u>NIL</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/TORTEASOR 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:

Date:

14/8/19 Kelly Pm



Signature of Witness / Workshop stamp (if applicable)

Name of Witness:

Date:

DD HASHIM
13/08/2019

Signature of AXA's surveyor/representative:

Name of AXA's surveyor /Representative:

Date:

DING AUTOMOTIVE PTE LTD

Business Reg. No : 201619222G

BLK 10, #01-20 SIN MING IND EST. SEC C, SINGAPORE 575645

Tel: 6452 1208 Fax: 6452 0614

TAX INVOICE**AXA INSURANCE PTE LTD**8 SHENTON WAY #27-01, AXA TOWER
SINGAPORE 068811

ATTN : MOTOR CLAIMS DEPT

TEL : FAX :

INVOICE : I-000728**DATE** : 13-08-2019**GST REG NO** : 201619222G**TERMS** : C.O.D.**PO NO** : SHC5876X**OUR REF** : SHA649D**PAGE** : 1 of 1

ITEM NO.	DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
1.	Cost of repair-SHA649D	1	20,355.68	20,355.68
REMARKS : Job card:50111002 Your ref:SHC5876X Oic:Ms Vivian (LKK) Doa:02/10/2018		SUB TOTAL	:	20,355.68
		GST	:	1,424.90
		TOTAL SGD	:	21,780.58
		DEPOSIT	:	
		O/S BALANCE	:	

FOR DING AUTOMOTIVE PTE LTD


Authorised Signature

Customer Signature

I have inspected and hereby confirmed that
the job done and the amount due herein
are entire to my satisfaction