



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SLT 6674T (Insd veh)	Model:
	SLS 8886R (TP veh)	
Date of Accident/ Time:	30/10/2018 @ 1930HRS	

Repair Estimate	: \$	20,500.27	
Final Repair Cost	: \$	17,779.14	
Loss of Use	: \$		days at \$ per day
Rental (if any)	: \$	1,900.00	19 days at \$100 per day
LTA / GIA Search Fee	: \$	2.00	
Others:	: \$		
	: \$		
Final Settlement Sum	: \$	19,681.14	

Payee Name : CYCLE & CARRIAGE INDUSTRIES 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: Yes/ No BOLA Scenario No: ____
	BOLA Liability: _____ (%)	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/TORTEASOR 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: Body Care & Repair Center
Date: DID: 6771 4353 HP: 9186 5109 Fax: 680272
Email: chayhoe.yik@cyclecarriage.com.sg



Yik Chan Hoe

Signature of Witness / Workshop stamp (if applicable)
AMANDA ANG
OFFICER - ADMIN
BODY CARE & REPAIR CENTER
DID: 6771 4304
FAX: 6779 5383
Email: amanda.ang@cyclecarriage.com.sg

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

LETTER OF AUTHORIZATION

To: AXA

Singapore _____

Attn.: Motor Claims Department

Dear Sir / Mdm,

MOTOR ACCIDENT INVOLVING 8L98886R (OWNER'S
VEHICLE NO.) AND 3LT6674T (3RD PARTY'S VEHICLE NO.)
ON 30/10/18 (DATE) AT 1930 (TIME)
AT/ALONG Upper Cross St. (ROAD)

I am the registered owner of 8L98886R (Vehicle No.).

I hereby authorise CYCLE & CARRIAGE INDUSTRIES PTE LIMITED and its agents or any person(s) authorised by Cycle & Carriage Industries Pte Limited to do all or any of the following:-

- Submit, resolve and make any claims which I may have against the 3rd party insurers; and/or
- Execute and sign discharge voucher, indemnity forms and all necessary documents in connection with and arising from the above claim.

All payment towards settlement of my claim should be made in favour of CYCLE & CARRIAGE INDUSTRIES PTE LIMITED.



NOTE: This claim is Without Prejudice to our client's rights to claim for compensation for personal injury.

Registered Owner's Signature

(Company stamp & authorized signature if it is a company-registered vehicle)

Name : Huang Qianyun, Rafaela

NRIC No. : S8615873F

Date : _____