



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	PC 1447H	(Insd veh)	Model: NISSAN NOTE
	SKT 3180H	(TP veh)	
Date of Accident/ Time:	02/11/2018 / 15:45		

Repair Estimate	: \$	9,279.85	
Final Repair Cost	: \$	3,210.00	(VW/GST)
Loss of Use	: \$	250.00	5 days at \$ 50.00 per day
Rental (if any)	: \$		days at \$ per day
LTA / GIA Search Fee	: \$		
Others:	: \$		
Final Settlement Sum	: \$	3,460.00	
Payee Name:	TC AUTOCLINIC PTE LTD ; \$ 3210.00		
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: 24
	BOLA Liability: 100 (%)	Assessed Liability (*):	(%)
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.			
Remarks: PAYEE: CHIANG HWEE YEN JEAN - \$250.00			

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.

TC AutoClinic Pte Ltd
1 SIXTH LOK YANG ROAD
SINGAPORE 628080
TEL: 6282 2212

Signature of workshop representative / Workshop stamp
Name of Representative: Y M H
Date: 8/8/2019

Signature of Witness / Workshop stamp (if applicable)
Name of Witness: Jeanne chue
Date: 8/8/19

Signature of AXA's surveyor/representative:
Name of AXA's surveyor /Representative:
Date: 13/8/2019