



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SCL1511L (Insd veh)	Model:
	SLW1053C (TP veh)	
Date of Accident/Time:		

Repair Estimate	:\$		
Final Repair Cost	:\$	4,379.94 /	
Loss of Use	:\$	400.00 /	4 days at \$ 100 per day
Rental (if any)	:\$		days at \$ per day
LTA / GIA Search Fee	:\$	2.00 /	
Others:	:\$		
	:\$		
Final Settlement Sum	:\$	4,781.94 /	

Payee Name :

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:

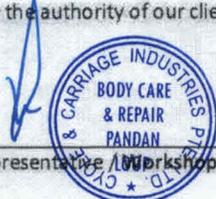
NOTE:

- 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
 Name of Representative:
 Date:

Signature of Witness / Workshop stamp (if applicable)
 Name of Witness:
 Date:

AMANDA ANG
 OFFICER - ADMIN
 BODY CARE & REPAIR CENTER
 DID: 6771 4304
 FAX: 6779 5383
 EMAIL: amanda.ang@cyclicarriage.com.sg

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

LETTER OF AUTHORIZATION

To: AAA

Singapore _____

Attn.: Motor Claims Department

Dear Sir / Mdm,

MOTOR ACCIDENT INVOLVING SLW1053C (OWNER'S
VEHICLE NO.) AND SCL15112 (3RD PARTY'S VEHICLE NO.)
ON 25/12/18 (DATE) AT 1805 (TIME)
AT/ALONG Balestier Road (ROAD)

I am the registered owner of SLW1053C (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.

Seawellus 

Registered Owner's Signature
(Company stamp & authorized signature if it is a company-registered vehicle)
Name : Chew Siew Bee Serena
NRIC No. : S1645975E
Date : 25/12/18