



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SFW3263X (Insd veh)	Model: KIA OPTIMA 1.7(A) DIESEL
	SHC6233U (TP veh)	
Date of Accident/ Time:	28/12/2018 @ 2330HRS	

Repair Estimate	\$	
Final Repair Cost	\$	1,070.00
Loss of Use	\$	80.00
Rental (if any)	\$	202.88
LTA / GIA Search Fee	\$	2.00
Others:	\$	-
Final Settlement Sum	\$	1,250.00
Payee Name : PREMIER AUTOMOTIVE SERVICES PTE LTD		
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/ <input checked="" type="radio"/> 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/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:



NAE

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

Liew Hai Leung

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

This Settlement excludes any
bodily injuries arising out of the
above said accident and pertains
to property damage only

AUTHORISATION TO ACT

I/We, PREMIER TAXIS PTE LTD ("the third party claimant") of 23 CHANGI SOUTH AVENUE 2 #03-02 SINGAPORE 486443 (address), owner of SHC 6233U (vehicle no.) hereby authorize PREMIER AUTOMOTIVE SERVICES PTE LTD ("the workshop") to act for me with respect to my claim for repair costs and/or rental and/or loss of use ("claim") for my vehicle no. SHC 6233U that was damaged pursuant to the accident which occurred on 28/12/2018 (date) along CLIVE STREET (location) involving vehicle no/s SFW 3263X ("the accident").

I/We further authorize the workshop to settle my above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement of my claim with payment cheque/s being made in favour of "the workshop".

I/We further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle/s is concerned.

Dated this 05 (day) of 03 (month) 2020 (year)



Signed by "the third party claimant"
chop if applicable)



Signed by "the workshop" (with
(with chop)

LETTER OF AUTHORITY

To: Premier Taxis Pte Ltd
23 Changi South Avenue 2
#03-02
Singapore 486443

And

Premier Automotive Services Pte Ltd
23 Changi South Avenue 2
#01-02
Singapore 486443

ACCIDENT INVOLVING SHC 6233U & SFW 3263X
ON 28/12/18 AT/ALONG Changi St

1. I, KRISNAN RAMAN, NRIC No. S6964705G

am the registered Hired / Relief Driver of motor taxi No. SHC 62330 at the time of the above accident.

2. Hereby you have my authority to:

- (a) send a letter of demand on my behalf;
- (b) negotiate a settlement on my behalf;
- (c) confirm a settlement / accept any offer on my behalf;
- (d) sign any Discharge Voucher (if necessary) on my behalf;
- (e) receive payment of the settlement sum / compensation monies on my behalf including to request that the cheque for the settlement sum be made payable to you.

Krisnan S6964705G
Signature with NRIC No.

21/1/19
Date

Name: KRISNAN RAMAN

BIK 106 YISHUN RING ROAD #03-183 SINGAPORE (760106)
Address

Contact No.: 82764549

Email: krisraj06@gmail.com