



redefining / insurance

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SLC 5428J (Insd veh)	Model:	HYUNDAI I40
	SHA 827G (TP veh)		
Date of Accident/ Time:	23/01/2019 - 14:30		

Repair Estimate	: \$	7,934.81	
Final Repair Cost	: \$	4,387.00	
Loss of Use	: \$	250.00	5 days at \$ 50.00 per day
Rental (if any)	: \$	548.00	5 days at \$109.60 per day
LTA / GIA Search Fee	: \$	2.00	
Others:	: \$	-	
Final Settlement Sum	: \$	5,187.00	

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: 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 RESERVE THEIR RIGHTS OF RECOVERY IN THE EVENT OF FRAUD / MIS REPRESENTATION / MISTAKE / MATERIAL NON DISCLOSURE. AXA ALSO RESERVES THEIR RIGHTS TO WITHDRAW THEIR ACCEPTANCE IN THE EVENT OF ANY INCONSISTENCIES/FRAUD/SUSPECTED FRAUD/MIS REPRESENTATION AND/OR MATERIAL NON DISCLOSURE OF FACTS/MISTAKE(S).

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: Kelly Ding
Date: 05/04/19

Signature of Witness / Workshop stamp (if applicable)

Name of Witness: DD HASIM
Date: 05/04/19

Signature of AXA's surveyor/representative:

Name of AXA's surveyor /Representative:

Date:

AXA Insurance Pte Ltd (Company Reg. No. 199903512M)

8 Shenton Way, #24-01 AXA Tower, Singapore 068811

Customer Centre #B1-01

Tel: +65 6880 4888 Fax: +65 6338 2522 Website: www.axa.com.sg

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-000588
DATE	:	05/04/2019
GST REG NO	:	201619222G
TERMS	:	C.O.D.
PO NO	:	SLC5428J
OUR REF	:	SHA827G
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ITEM NO.	DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
1.	COST OF REPAIR	1	4,100.00	4,100.00
2.	LOSS OF RENTAL (W/O GST)	5	109.60	548.00
3.	LOSS OF INCOME (W/O GST)	5	50.00	250.00
4.	LTA SEARCH FEE	1	1.87	1.87
REMARKS :		SUB TOTAL	:	4,999.87
50111353		GST	:	287.13
YOUR REF: LKK REF CC4/ASM1900		TOTAL SGD	:	5,187.00
OIC. MR VIC ALPEH (LKK)		DEPOSIT	:	
DOA: 23/01/2019		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.