



Without Prejudice
to our driver's Injury claim

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SLA 9624T	(Insd veh)	Model: HYUNDAI I40
	SHB 4918X	(TP veh)	
Date of Accident/ Time:	25/01/2019		

Repair Estimate	: \$		
Final Repair Cost	: \$		
Loss of Use	: \$	days at \$	per day
Rental (if any)	: \$	days at \$	per day
LTA / GIA Search Fee	: \$		
Others:	: \$		
	: \$		
Final Settlement Sum (Global Sum)	: \$	2,400.00	

Payee Name : DING AUTOMOTIVE PTE LTD

Is Third Party Workshop GIA Registered? [X] 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: 27
	BOLA Liability: 100 _____ (%)	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: Kelly BM
Date: 14/8/19



Signature of Witness / Workshop stamp (if applicable)
Name of Witness: PP HASHIM
Date: 14/8/19



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

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-000725**DATE** : 07-08-2019**GST REG NO** : 201619222G**TERMS** : C.O.D.**PO NO** : SLA9624T**OUR REF** : SHB4918X**PAGE** : 1 of 1

ITEM NO.	DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
1.	Cost of repair (all in) - SHB4918X	1	2,243.00	2,242.99
REMARKS : Job card:50111358 Your ref:CC4/ASM19001769/T1pa3 (SLA9624T) Oic:Ms Hsiao Tong (LKK) Doa:25/1/2019		SUB TOTAL	:	2,242.99
		GST	:	157.01
		TOTAL SGD	:	2,400.00
		DEPOSIT	:	
		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