



AA01902-048

TO : Hsiao Tony

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SLQ 6702L (Insd veh)	Model: Renault Latitude (1995cc)
	SHF 658B (TP veh)	
Date of Accident/ Time:	05/02/2019	

Repair Estimate	:	\$		
Final Repair Cost (w/GST)	:	\$	6,313.00	
Loss of Use	:	\$	-	days at \$ per day
Rental (if any)	:	\$	397.28	4 days at \$99.32 per day
LTA / GIA Search Fee	:	\$	7.45	
Others:	:	\$	-	
	:	\$		
Final Settlement Sum	:	\$	6,717.73	
Payee Name : Trans-cab Auto Services 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: <u>27</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:

1. PLEASE EXPRESSLY RESERVE YOUR CLIENT'S RIGHTS IF SO REQUIRED IN THIS SETTLEMENT DOCUMENT.
2. 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.
3. 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	Signature of Witness / Workshop stamp (if applicable)
Name of Representative: NG WAJ YIN	Name of Witness: Calvin Er
Date: 05 AUG 2019	Date:

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

05 AUG 2019