



To: Asher

A901905-042

## AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SLL 9557X	(Insd veh)	Model: RENAULT LATITUDE - 2.0
	SHD 9825L	(TP veh)	
Date of Accident/ Time:	06/02/2019 / 13:05		

Repair Estimate	: \$	
Final Repair Cost	: \$	7,704.00
Loss of <del>use</del> / Income	: \$	375.00 7.5 days at \$50.00 per day
Rental (if any)	: \$	625.95 7.5 days at \$ 83.46 per day
LTA / GIA Search Fee	: \$	7.49
Others:	: \$	-
	: \$	
Final Settlement Sum	: \$	8,712.44

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/ <del>No</del> BOLA Scenario No: 28
	BOLA Liability: 100 (%)	Assessed Liability (*): 0 (%)

\* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.

Remarks:

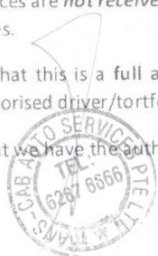
## NOTE:

- 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/TORTEFAOR 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: Jasmine Tan  
Date: 17 JUN 2019

Signature of Witness / Workshop stamp (if applicable)  
Name of Witness: NG WAI YIN  
Date: 19 JUN 2019

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