



Without Prejudice  
to our driver's Injury claim

### AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SLS 4069J	(Insd veh)	Model: TOYOTA PRIUS HYBRID 1.8CVT (A)
	SHA 8520M	(TP veh)	
Date of Accident/Time:	14/02/2019		

Repair Estimate	: \$	
Final Repair Cost	: \$	days at \$ per day
Loss of Use	: \$	days at \$ per day
Rental (if any)	: \$	
LTA / GIA Search Fee	: \$	
Others:	: \$	
Final Settlement Sum (Global Sum)	: \$	6,300.00
Payee Name : DING AUTOMOTIVE PTE LTD		
Is Third Party Workshop GIA Registered? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (Kindly indicate below)		
A)	For Non GIA Registered Workshop:	Agreed Liability 100 (%)
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:

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/TORTEASOR 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

Name of Representative:

Date:

*[Signature]*



15/10/19 *[Signature]*

Signature of Witness / Workshop stamp (if applicable)\*

Name of Witness:

Date:

*[Signature]*



DD HASHIM  
15/10/2019

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

(Cecilia)

**TAX INVOICE**

**AXA INSURANCE PTE LTD**  
8 SHENTON WAY #27-01, AXA TOWER  
SINGAPORE 068811

ATTN : MOTOR CLAIMS DEPT  
TEL : FAX :

**INVOICE** : I-000806  
**DATE** : 15-10-2019  
**GST REG NO** : 201619222G  
**TERMS** : C.O.D.  
**PO NO** : SLS4069J  
**OUR REF** : SHA8520M  
**PAGE** : 1 of 1

ITEM NO.	DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
1.	Cost of repair-SHA8520M	1	4,864.13	4,864.13

**REMARKS :**

Job card:50111419

Your ref:SLS4069J

Oic:Ms Cecilia (LKK)

Doa:14/02/2019

*Agreed offer \$6,300.00 (Global Sum)*

**SUB TOTAL** : 4,864.13  
**GST** : 340.49  
**TOTAL SGD** : **5,204.62**  
**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