



TO: Hsiao Tong

after paint photo

440 1903-190

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SMD 5777J (Insd veh)	Model: Renault Latitude (1995cc)
	SHF 563R (TP veh)	
Date of Accident/ Time:	21/02/2019	

Repair Estimate	: \$		
Final Repair Cost (w/GST)	: \$	4,333.50	
Loss of Use	: \$	-	days at \$ per day
Rental (if any)	: \$	581.94	6 days at \$ 96.99 per day
LTA / GIA Search Fee	: \$	7.45	
Others:	: \$	-	
	: \$		
Final Settlement Sum	: \$	4,922.89	
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: 15	
	BOLA Liability: 100 (%)	Assessed Liability (*): _____ (%)	
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.			
Remarks:			

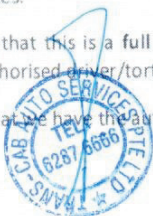
NOTE:

- 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/TORTEFEASOR 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: **10 JUN 2019**

Signature of Witness / Workshop stamp (if applicable)

Name of Witness: **NG WAI YIN**

Date:

12 JUN 2019

Signature of AXA's surveyor/representative:

Name of AXA's surveyor /Representative:

Date: