



Without Prejudice
to our driver's Injury claim

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SMK 1313D	(Insd veh)	
	SHA 8829Z	(TP veh)	Model: TOYOTA PRIUS
Date of Accident/ Time:	15/03/2019		

Repair Estimate	: S		
Final Repair Cost	: S	8,292.50	(WGST)
Loss of Use / INCOME	: S	150.00	3 days at \$50.00 per day
Rental (if any)	: S	351.60	3 days at \$117.20 per day
LTA / GIA Search Fee	: S	2.00	
Others	: S		
Final Settlement Sum	: S	8,796.10	
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	15
	BOLA Liability: (%)	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/TORTEASOR 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.

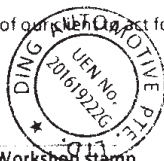
We/I confirmed that this is a **full and final settlement** that we and or our client have/had/has against you (AXA and their policyholder/authorised driver/tortfeasor) for any and all losses (past/present/future) arising from this accident.

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 DMG

Date: 20/11/19



Signature of Witness / Workshop stamp (if applicable)

Name of Witness: JIM YI YING

Date: 20/11/19



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 :

TEL :

FAX :

INVOICE : I-000842**DATE** : 20-11-2019**GST REG NO** : 201619222G**TERMS** : C.O.D.**PO NO** : SMK1313D**OUR REF** : SHA8829Z**PAGE** : 1 of 1

ITEM NO.	DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
1.	Cost Of Repair - SHA8829Z	1	7,750.00	7,750.00
REMARKS : Job No: 50111481 Your Ref: SMK1313D (CC4/ASM19004842/Efb3) DOA: 15/03/2019 OIC: MS CECILIA CHONG		SUB TOTAL	:	7,750.00
		GST	:	542.50
		TOTAL SGD	:	8,292.50
		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