



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	GBF 5344U	(Insd veh)	Model: VOLKSWAGEN JETTA
	SLA 2961R	(TP veh)	
Date of Accident/ Time:	27/03/2019		

Repair Estimate	\$		
Final Repair Cost	\$	7,490.00	(VWGST)
Loss of Use	\$	480.00	8 days at \$ 60.00 per day
Rental (if any)	\$		days at \$ per day
LTA / GIA Search Fee	\$	7.45	
Others: MEDICAL FEE	\$	126.00	
	\$		
Final Settlement Sum	\$	8,000.00	GLOBAL SUM (ALL-IN)
Payee Name : AUTO WHEELS MOTORWORKS 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: 28
	BOLA Liability: (%)		Assessed Liability (*): 100 (%)
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.			
Remarks:			

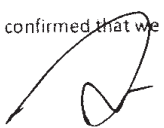
NOTE:

- 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: 
 Name of Representative: Louis Ong
 Date: 26/01/2019



Signature of Witness / Workshop stamp (if applicable)
 Name of Witness: Tan Fei Yi
 Date: 26/01/2019

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

" The contents of this document apply to vehicle damages only. All personal injuries and damages arising therefrom are excluded from the ambit and application of this document."



GST Registration No. : M2-0088821-9

ORIGINAL RECEIPT

CAEKOK

PAGE: 1 / 2

27.03.2019 22:13 hrs

Bill To NG KOK LEONG JEFFREY WU GUOLIANG
29 JALAN KATHI
SINGAPORE 468675

MRN/NRIC : S8503098A
CASE NUMBER : 6919333629H
CUSTOMER : 3021138424
A&E VISIT : 27.03.2019 19:15

SLA 29612

Name of Patient NG KOK LEONG JEFFREY WU GUOLIANG

Service Description

Amount (\$\$)

X-RAY INVESTIGATIONS
DRUGS / PRESCRIPTIONS / INJECTIONS
A&E ATTENDANCE FEE
TOTAL CHARGES
LESS : GOVERNMENT GRANT
AMOUNT PAYABLE BEFORE TAX
ADD : 7% GST
AMOUNT PAYABLE AFTER TAX
LESS : GST ABSORBED BY THE GOVERNMENT
NET AMOUNT PAYABLE

Total Charges Before Govt Grant	Total Amt Payable After Govt Grant
35.50	0.00
4.00	0.00
256.00	126.00
295.50	
169.50-	
	126.00
	8.82
	134.82
	8.82-
	126.00

PAYMENT
NG KOK LEONG JEFFREY

AMOUNT DUE
NG KOK LEONG JEFFREY

FOR INFORMATION:
ST: P SN: S8503098A

PAYMENT DETAILS

NAME
NG KOK LEONG JEFFREY, WU GUOLI

DATE
27.03.2019

AMOUNT 126.00
PAYMENT TYPE
NETS

"VIEW YOUR MEDISAVE AND/OR MEDISHIELD LIFE CLAIM DETAILS ONLINE: Login to mycpf online services with your SingPass at <http://www.cpf.gov.sg> and proceed to My Statement» Section B» Medisave/MediShield Life/Integrated Shield Plan Claims and Reimbursements. For more information, please visit <http://www.cpf.gov.sg> FAQ» Healthcare. REIMBURSEMENT INFORMATION FOR EMPLOYERS AND INSURERS: Reimbursement should be made to cash outlay first, followed by Medisave, then MediShield Life OR the Integrated Shield Plan. To make reimbursement to Medisave and MediShield Life, submit through internet at <http://www.cpf.gov.sg> and proceed to Employers» Services» Medisave/MediShield Life Reimbursement. To reimburse to an Integrated Shield Plan, please pay directly to the private insurer offering the Integrated Shield Plan." Payment may be made at DBS iBanking, AXS or NETS station, via Visa MasterCard/eNETS direct debit at <https://eservices.healthhub.sg/public-payments/singhealth> or by cheque. Payment may also be made at the Patient Service Centre during office hours or at A&E Registration Counter after office hours.

F/BO/02-003.R13

Please attach this portion to your cheque payment.

Cheque should be crossed and made payable to "Changi General Hospital Pte Ltd".

Please mail to Tampines Central Post Office PO Box 500 Singapore 915217.

27.03.2019

22:13 hrs

Amount Enclosed : \$ 8503098A NG KOK LEONG JEFFREY
Cheque No./Bank :

MRN/NRIC : S8503098A
CASE NUMBER : 6919333629H
ADMISSION DATE : 27.03.2019



GST Registration No. : M2-0088821-9

СЛЕДОК

PAGE: 2 / 2

27.03.2019 22:13 hrs

Bill To NG KOK LEONG JEFFREY WU GUOLIANG
29 JALAN KATHI
SINGAPORE 468675

MRN/NRIC : S8503098A
CASE NUMBER : 6919333629H
CUSTOMER : 3021138424
A&E VISIT : 27.03.2019 19:15

Name of Patient NG KOK LEONG JEFFREY WU GUOLIANG

Service Description	Amount (\$\$)	
THIS IS AN ORIGINAL RECEIPT FOR NETS PAYMENT OF \$126.00 RECEIVED ON		27.03.2019.
TYPE OF SUPPLY: CASH/CREDIT		

“VIEW YOUR MEDISAVE AND/OR MEDISHIELD LIFE CLAIM DETAILS ONLINE: Login to mycpf online services with your SingPass at <http://www.cpf.gov.sg> and proceed to My Statement» Section B» Medisave/MediShield Life/Integrated Shield Plan Claims and Reimbursements. For more information, please visit <http://www.cpf.gov.sg>» FAQ» Healthcare. REIMBURSEMENT INFORMATION FOR EMPLOYERS AND INSURERS: Reimbursement should be made to cash outlay first, followed by Medisave, then MediShield Life OR the Integrated Shield Plan. To make reimbursement to Medisave and MediShield Life, submit through internet at <http://www.cpf.gov.sg> and proceed to Employers» Services» Medisave/MediShield Life Reimbursement. To reimburse to an Integrated Shield Plan, please pay directly to the private insurer offering the Integrated Shield Plan.” Payment may be made at DBS iBanking, AXS or NETS station, via Visa MasterCard/eNETS direct debit at <https://eservices.healthhub.sg/public/payments/singhealth> or by cheque. Payment may also be made at the Patient Service Centre during office hours or at A&E Registration Counter after office hours.

F/BO/02-003.R13

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Please mail to **Tampines Central Post Office PO Box 500 Singapore 915217.**

Amount Enclosed : \$
S8503098A NG KOK LEONG JEFFREY

CGH S8503098A

Cheque No./Bank :

6919333629H

27.03.2019

22:13 hrs

BALANCE DUE : S\$ 0.00
MRN/NRIC : S8503098A
CASE NUMBER : 6919333629H
ADMISSION DATE : 27.03.2019

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