



This Settlement excludes any
bodily injuries arising out of the
above said accident and pertains
to property damage only

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SHC5921Z (Insd veh)	Model: HYUNDAI I30 (FD) - 1.6 DOHC (A)
	SHD1435G (TP veh)	
Date of Accident/ Time:	31/03/2019	

Repair Estimate	: \$		
Final Repair Cost	: \$		
Loss of Use	: \$	days at \$	per day
Rental (if any)	: \$	days at \$	per day
LTA / GIA Search Fee	: \$		
Others:	: \$		
	: \$		
Final Settlement Sum (Global Sum)	: \$	1,530.00	

Payee Name : PREMIER AUTOMOTIVE SERVICES PTE LTD

Is Third Party Workshop GIA Registered? ☒ YES ☐ NO (Kindly indicate below)

A)	For Non GIA Registered Workshop:	Agreed Liability _____ (%)
B)	For GIA Registered Workshop:	BOLA Applicable: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No BOLA Scenario No: <u>15</u>
	BOLA Liability: <u>100</u> (%)	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/TORTFEASOR 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 of Witness / Workshop stamp (if applicable)
Name of Witness:
Date:

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

This Settlement excludes any
bodily injuries arising out of the
above said accident and pertains
to property damage only

WITHOUT PREJUDICE

AXA Insurance Pte Ltd
No.8 Shenton Way
#27-01
Singapore 068811

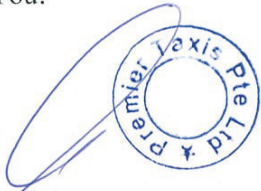
Attn: **The Motor Claims Department**

Dear Sir/Madam,

**ACCIDENT INVOLVING SHD1435G AND SHC5921Z ALONG TG PAGAR
ROAD ON 31.03.2019**

We, Premier Taxis Pte Ltd, the registered owner of vehicle No: **SHD1435G**. We, hereby
authorize the said workshop, M/s Premier Automotive Services Pte Ltd to execute sign
discharge voucher/Indemnity forms and all necessary documents in connection with and
arising out of the above claim, and collect all compensation monies due to us from you or
any other party, regarding the said accident.

Thank You.



Premier Taxis Pte Ltd
Authorized Signatory

6/11/19
Date _____

LETTER OF AUTHORITY

To: Premier Taxis Pte Ltd
23 Changi South Avenue 2
#03-02
Singapore 486443

And

Premier Automotive Services Pte Ltd
23 Changi South Avenue 2
#01-02
Singapore 486443

ACCIDENT INVOLVING SHD1435G & SHC 5921 Z
ON 3/13/19 AT/ALONG Tanjong Pagar Rd

1. I, Abdul Razar Bin Abdul Ghani, NRIC No. S1542062 F

am the registered SHD1435G Hirer / Relief Driver of motor taxi No. SHD1435G at the time of the above accident.

2. Hereby you have my authority to:

- (a) send a letter of demand on my behalf;
- (b) negotiate a settlement on my behalf;
- (c) confirm a settlement / accept any offer on my behalf;
- (d) sign any Discharge Voucher (if necessary) on my behalf;
- (e) receive payment of the settlement sum / compensation monies on my behalf including to request that the cheque for the settlement sum be made payable to you.

Signature with NRIC No.

11/4/19
Date

Name : ABDUL RAZAR

Address

Contact No. : _____

Email : _____