



Provide always that this discharge of my claim for damages relating to the damage to my vehicle shall not prejudice or affect or preclude me from making a further claim for general and special damages for my personal injuries sustained in the same accident.

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SJD626E	(Insd veh)	Model:
	SGQ9325G	(TP veh)	
Date of Accident/ Time:	25/11/2014 @ 1550HRS		

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	: \$	5,430.00

Payee Name : EM-1 AUTO 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: 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/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: Chia Sin Muk
Date: 14/5/19

Signature of Witness / Workshop stamp (if applicable)
Name of Witness: Cheng Mei Choo
Date: 14/5/19

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

EM-1 AUTO PTE LTD

BLK 8 SIN MING INDUSTRIAL ESTATE SECTOR C
#01-68 SINGAPORE 575643

Contact Number: 6452 3298 (O) 9666 6556 (H/P) 6457 5776 (F)

Email Address: em1autoteltd@gmail.com

COMPANY / GST REG. NO: 201316380R

TAX INVOICE

M/S Oh Kay Nee

Invoice No : 19/00171/3777TP

Date : 14-May-2019

AXA Insurance Singapore Pte Ltd
Motor Claim Department
8 Shenton Way
#27-01 AXA Tower
Singapore 068811

Date of Accident : 25-Nov-2014
Our Client's Vehicle Number : SGQ 9325G
Vehicle Make / Model : Renault Megane-1.6 (A)
Your Insurer : SJD 626E

DESCRIPTION	SUB-AMOUNT	GST 7%	AMOUNT (SGD)
Lump Sum Repair Cost	4,800.00	336.00	5,136.00 SR

SGD (Five Thousand One Hundred Thirty-Six only)

GRAND TOTAL

5,136.00

Subject to 7% GST

336.00



Authorised Signature and Company Stamp