



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SFS 8822X (Insd veh)	Model: Mercedes Benz B180 (1595cc)
	SKX 2785Z (TP veh)	
Date of Accident/ Time:	09/04/2019	

Repair Estimate	: \$	16,414.71	
Final Repair Cost (w/GST)	: \$	13,143.10	
Loss of Use	: \$	-	days at \$ per day
Rental (if any)	: \$	1,200.00	12 days at \$100.00 per day
LTA / GIA Search Fee	: \$	2.00	
Others:	: \$	-	
	: \$		
Final Settlement Sum	: \$	14,345.10	

Payee Name : CYCLE & CARRIAGE INDUSTRIES 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: <u>Yes</u> / No BOLA Scenario No: <u>NIL</u>
	BOLA Liability: <u>100</u> (%)	Assessed Liability (*): <u>100</u> (%)
* 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/TORTEASOR 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: **LYNN WONG**
Date: _____
ADVISER - CUSTOMER SERVICE
BODY CARE & REPAIR



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

Signature of Witness / Workshop stamp (if applicable)
Name of Witness:
Date:

AMANDA ANG
OFFICER - ADMIN
BODY CARE & REPAIR CENTER
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