

## **AXA THIRD PARTY DIRECT SETTLEMENT**

Vehicle No:		SGU 1315S (Insd veh)		-			
		SHC 7805M (TP veh)		Model:			
Date of Accident/ Time:		18/04/2019					
Repair Estimate		:\$					
Final Repair Cost		:\$	4,761.50				
Loss of Use		:\$	300.00 06 days at \$ 50.00 per				
Rental (if any)		:\$		06 days at \$ 98.64 per day			
LTA / GIA Search Fee		:\$	2.00				
Others:		:\$					
		:\$.					
Final Settlement Sum		:\$	5,655.34				
Payee Name : DING	AUTOMOTIVE P	TELTD					
Is Third Party Works			] YES [ ] NO	(Kindly indicate below)			
A) For I	For Non GIA Registered Workshop:			Liability(%	5)		
B) For (	For GIA Registered Workshop:			BOLA Applicable: Yes/ No BOLA Scenario No:			
BOL	BOLA Liability:(%)			Assessed Liability (*):(%)			
* As:	* 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.
- 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.

UEN No. 2016192226

Signature of workshop representative / Workshop stamp Name of Representative:

Signature of Witness / Workshop stamp (if applicable) Name of Witness: 41M -11

UEN No. 2016192220

Date: 06/08/19

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

Date:

Telephone: +65 6880 4888 - axa.com.sg

## 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

INVOICE **AXA INSURANCE PTE LTD** I-000720 8 SHENTON WAY #27-01, AXA TOWER DATE 05-08-2019 GST REG NO : SINGAPORE 068811 201619222G **TERMS** C.O.D. PO NO SGU1315S SHC7805M ATTN: **OUR REF** TEL : FAX: PAGE 1 of 1

ITEM NO.	DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT	
1.	Cost Of Repair - SHC7805M	1	5,285.36	5,285.36	
REMARKS: Job No: 50111585		SUB TOTAL GST	:	5,285.36 369.98	
OOA: 18/04/ OIC: MS VIV	8U1315S (CC4/ASM19007025/R1eb3) 2019 IAN LAU	TOTAL SGD : 5,655.34 DEPOSIT : O/S BALANCE :			

FOR DING AUTOMOTIVE PTELTD

Authorised Signature

Customer Signature
I have inspected and hereby confirmed that
the job done and the amount due herein
are entire to my satisfaction