



AAD1410-107

Cecilia

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SKH 6007U (Insd veh)	Model: RENAULT LATITUDE
	SHF 511R (TP veh)	
Date of Accident/ Time:	12/10/2014 / 23:30	

Repair Estimate	: \$		
Final Repair Cost	: \$	5,561.10	(WGST)
Loss of Use / INCOME	: \$	200.00	4 days at \$50.00 per day
Rental (if any)	: \$	535.00	4 days at \$133.75 per day
LTA / GIA Search Fee	: \$	6.00	
Others:	: \$		
	: \$		
Final Settlement Sum	: \$	6,302.10	
Payee Name : TRANS-CAB AUTO SERVICES PTE LTD			
Is Third Party Workshop GIA Registered? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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: 100 (%)		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: Calvin Er
Date: 26 AUG 2019

Signature of Witness / Workshop stamp (if applicable)
Name of Witness: NG WAI YIN
Date: 26 AUG 2019

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