



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SMC 8662S (Insd veh)	Model:
	PC 4039H (TP veh)	
Date of Accident/ Time:	08/05/2019	

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)	: \$	1,600.00	
Payee Name : THINK ONE AUTOCARE PTE LTD			
Is Third Party Workshop GIA Registered? [] YES <input checked="" type="checkbox"/> NO (Kindly indicate below)			
A)	For Non GIA Registered Workshop:	Agreed Liability	50 (%)
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.

Think One Autocare Pte Ltd
18 Defu Lane Avenue 2
Singapore 539522
Tel: 6844 3300 Fax: 6842 4988

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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:

DISCHARGE \ SATISFACTION VOUCHER

Claim no: _____

I / We BRICKSTON TRANSPORT SERVICE NRIC/ ROC 40278000X

hereby state that the repairs to vehicle no PC 4039 H have been carried out to my/our entire satisfaction and I/We agree that the discharge to the account of **Think One Auto Care Pte Ltd**

shall be in full discharge of all claims under policy no 5108172144-000010

with regards to the damage to my/our vehicle as a result of accident which occurred on

8.51 2019 along / at VICTORIA ST to KALLANG RD at around 18.15 hrs
(date) (time)

Vehicle Owner

Name BRICKSTON TRANSPORT SERVICE

NRIC 40278000X

Address APT BIK 374 JURENG EAST STREET 32
#06-466
S'PORE 600374

Signature



: _____
(with company stamp if applicable)

AUTHORISATION TO ACT

I / We, BRICKSTON TRANSPORT SERVICE of 40278000X
("the third party claimant") (address)
owner of PC4039H
(vehicle number)

hereby authorised **THINK ONE AUTOCARE PTE. LTD** ("the workshop) to act for me
with respect to my claim for repair costs and/or rental and/or loss of use ("claim") for my
vehicle no. PC4039H that was damaged pursuant to the accident which
occurred on 8.5.2019 along VICTORIA ST TO KALLANG ROAD
(date)
involving vehicle number(s) SMC 8662S ("the other party").

I/We further authorised the workshop to settle my above mentioned claim in a manner that
they deem fit and the workshop is further authorised to receive payment further to settlement
of my claim with payment cheque(s) being made in favour of the workshop.

I/We further acknowledge that any settlement the workshop may reach on my behalf is on
a without prejudice and without admission of liability basis insofar as the driver / owner /
insurers of the other vehicle(s) is concerned.

*Should the case could not reach to a settlement, I / We authorised Think One Autocare to
proceed with all the necessary legal means and should this case failed,

I/We BRICKSTON TRANSPORT SERVICE agreed and will bear / pay
all the repair costs and legal fees costs due incurred by Think One Autocare Pte Ltd

Dated this 09.05.2019 (day) of MAY (month) 20 19 (year)



Signed by "the third party claimant"
(with company's stamp if applicable)

Think One Autocare Pte Ltd
18 Defu Lane Avenue 2
Singapore 539522
Tel: 6844 3300 Fax: 6842 4988

Signed by "the workshop"
(with company stamp)