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Without Prejudice  
to our driver's Injury claim

## AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	PC 6565S (Insd veh)	Model: Mazda 3 (1999cc)
	SGK 9799D (TP veh)	
Date of Accident/ Time:	29/05/2019	

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)	: \$	4,110.00	

Payee Name : Ding 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: Kenneth Ding  
Date: 02/08/19

  
Signature of Witness / Workshop stamp (if applicable)  
Name of Witness: DD HASHIM  
Date: 02/08/2019

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

**DING AUTO PTE LTD**

Business Reg. No : 201311788Z

BLK 10, #01-20 SIN MING IND EST. SEC C, SINGAPORE 575645

Tel: 6452 1208 Fax: 6452 0614

(24 hrs towing services)

**TAX INVOICE****AXA INSURANCE PTE LTD**

8 SHENTON WAY #27-01, AXA TOWER

SINGAPORE 068811

**INVOICE** : I-001395**DATE** : 27-07-2019**GST REG NO** : 201311788Z**TERMS** : C.O.D.**PO NO** :**OUR REF** : SGK9799D**PAGE** : 1 of 1

ATTN : MOTOR CLAIMS DEPT

TEL : FAX :

ITEM NO.	DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
1	Cost of repair (all in) -SGK9799D	1	3,841.12	3,841.12
<b>REMARKS :</b> Job card:7000395 Your ref:PC6565S Olc:Ms Hslao Tong Doa:29/05/2019		<b>SUB TOTAL</b>	:	3,841.12
		<b>GST</b>	:	268.88
		<b>TOTAL SGD</b>	:	<b>4,110.00</b>
		<b>DEPOSIT</b>	:	
		<b>O/S BALANCE</b>	:	

FOR DING AUTO PTE LTD

  
Authorised Signature

Customer Signature

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