



TO : Hsiao Tong

AA01906-120

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SHC 5450R (Insd veh)	Model: Renault Latitude (1995cc)
	SHC 5426L (TP veh)	
Date of Accident/ Time:	12/06/2019	

Repair Estimate	: \$		
Final Repair Cost (w/GST)	: \$	4,280.00	
Loss of Use / LOI	: \$	150.00	3 days at \$ 50.00 per day
Rental (if any)	: \$	290.97	3 days at \$96.99 per day
LTA / GIA Search Fee	: \$	-	
Others:	: \$	-	
	: \$		
Final Settlement Sum	: \$	4,720.97	

Payee Name : Trans-cab Auto Services 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: Yes/ No BOLA Scenario No: <u>26</u>
	BOLA Liability: <u>100</u> (%)	Assessed Liability (*): _____ (%)

* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.

Remarks:

NOTE:

- PLEASE EXPRESSLY RESERVE YOUR CLIENT'S RIGHTS IF SO REQUIRED IN THIS SETTLEMENT DOCUMENT.
- 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.



Signature of workshop representative / Workshop stamp
 Name of Representative: NG WAIVIN
 Date: 07 AUG 2019

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

07 AUG 2019

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