



This Settlement excludes any bodily injuries arising out of the above said accident and pertains to property damage only

### AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SKS6866Z	(Insd veh)	Model: KIA OPTIMA -1.7 D (A)
	SHC6102P	(TP veh)	
Date of Accident/ Time:	13/06/2019		

Repair Estimate	: \$		
Final Repair Cost (W/GST)	: \$	1,391.00	
Loss of Use	: \$	—	days at \$ per day
Rental (if any)	: \$	495.50	5 days at \$ 99.10 per day
LTA / GIA Search Fee	: \$	2.00	
Others:	: \$	—	
Final Settlement Sum	: \$	1,888.50	

Payee Name : PREMIER AUTOMOTIVE SERVICES 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: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No BOLA Scenario No: <u>27</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:

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:  
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:

**WITHOUT PREJUDICE**

AXA Insurance Pte Ltd  
No.8 Shenton Way  
#27-01  
Singapore 068811

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bodily injuries arising out of the  
above said accident and pertains  
to property damage only

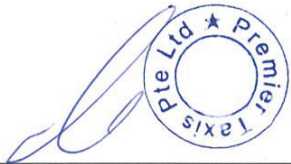
Attn: **The Motor Claims Department**

Dear Sir/Madam,

**ACCIDENT INVOLVING SHC6102P AND SKS6866Z ALONG PIE – CHANGI  
(BEF CHANGI NORTH CRESCENT) ON 13.06.2019**

We, Premier Taxis Pte Ltd, the registered owner of vehicle No: **SHC6102P**. We, hereby  
authorize the said workshop, M/s Premier Automotive Services Pte Ltd to execute sign  
discharge voucher/Indemnity forms and all necessary documents in connection with and  
arising out of the above claim, and collect all compensation monies due to us from you or  
any other party, regarding the said accident.

Thank You.



Premier Taxis Pte Ltd  
Authorized Signatory

Date 30.10.2019

## LETTER OF AUTHORITY

To: Premier Taxis Pte Ltd  
23 Changi South Avenue 2  
#03-02  
Singapore 486443

And

Premier Automotive Services Pte Ltd  
23 Changi South Avenue 2  
#01-02  
Singapore 486443

ACCIDENT INVOLVING SHC 6102P & SKS 6866Z  
ON 13/06/2019 AT/ALONG PIE - Changi (before Changi North Crest)

1. I, TAN GIE HE, NRIC No. 50068306Z

am the registered Hirer / Relief Driver of motor taxi No. SHC 6102P at the time of the above accident.

2. Hereby you have my authority to:

- (a) send a letter of demand on my behalf;
- (b) negotiate a settlement on my behalf;
- (c) confirm a settlement / accept any offer on my behalf;
- (d) sign any Discharge Voucher (if necessary) on my behalf;
- (e) receive payment of the settlement sum / compensation monies on my behalf including to request that the cheque for the settlement sum be made payable to you.

Signature with NRIC No. 50068306/2

14/6/2019

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Date

Name: TANGIE HE.

to: TANGLE HE.  
Blk 181 Bedok North Road, #05-30, S(460181)

Address

Contact No. : 90265338

Email : \_\_\_\_\_