



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SLQ4086U (Insd veh)	Model: NISSAN X-TRAIL 2.0 CVT
	SLU8753E (TP veh)	
Date of Accident/ Time:	22/02/2019 @ 1730HRS	

Repair Estimate	: \$	
Final Repair Cost	: \$	5,000.00
Loss of Use	: \$	
Rental (if any)	: \$	840.00
LTA / GIA Search Fee	: \$	22.45
Others:	: \$	
	: \$	
Final Settlement Sum	: \$	5,860.00

Payee Name : TEAM AUTOPRO PTE LTD

Is Third Party Workshop GIA Registered? [] YES ☒ NO (Kindly indicate below)

A)	For Non GIA Registered Workshop:	Agreed Liability <u>100</u> (%)
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:

"My execution of this Discharge Voucher is solely for my claim for Property Damage & nonprejudicial to any other claims arising from the same accident."

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: Lim Hwee Hong

Date: 09/03/2020



TGL

Signature of Witness / Workshop stamp (if applicable)

Name of Witness: Pearl Ann

Date: 09/03/2020

Signature of AXA's surveyor/representative:

Name of AXA's surveyor / Representative:

Date:



160 Sin Ming Drive #02-12
Sin Ming AutoCity
Singapore 575722

Tel: 6258 1955 Fax: 6 258 1956
teamautoffice@gmail.com / teamautopl@gmail.com

THIS IS YOUR INVOICE

Kindly remit payment to our office address stated. If you have any query pertaining to this invoice, please feel free to contact us.

INVOICE DATE: 9-Mar-20

INVOICE NOS: TAP8753E-19/0789

Your Reference: SLU 8753E

Date Of Accident: 22/2/2019

Billed To: AXA Insurance Singapore Pte Ltd

On Behalf Of: Andy Yeong Inn Loong

Invoice Type: 3rd Party PD Claim

INVOICE TOTAL IN SGD

\$ 5,000.00

DESCRIPTION

AMOUNT (\$S)

Lump Sum Amount Payable for Supply of Spare Parts & Labour

\$ 5,000.00

Pertaining to Accident Repair of: SLU 8753E

Discount \$ -

Amount Due \$ 5,000.00

COMMENTS

1. Total payment due in 30 days.
2. All Cheques must be made payable to **TEAM AUTOPRO PTE LTD.**
3. Please include our invoice number at the back of your cheque.

For Team AutoPro Pte Ltd



Signature & Stamp

PAYMENT DETAILS

THANK YOU FOR YOUR PROMPT PAYMENT.

Prepared by Adel Lim (Ms)

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