



AXA THIRD PARTY DIRECT SETTLEMENT

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|-------------------------|--------------------|------------------------------|
| Vehicle No: | SME 44T (Insd veh) | Model: RENAULT LATITUDE 2.0L |
| | SHD 5023K (TP veh) | |
| Date of Accident/ Time: | 14/06/2019 18.35 | |

| | | |
|---|---|---------------------------|
| Repair Estimate | : \$ 46,133.87 | |
| Final Repair Cost (w/gst) | : \$ 8,239.00 | |
| Loss of Use Income | : \$ 400.00 | 8 days at \$ 50 per day |
| Rental (if any) | : \$ 760.32 | 8 days at \$95.04 per day |
| LTA / GIA Search Fee | : \$ 7.49 | |
| Others: | : \$ | |
| Final Settlement Sum | : \$ 9,406.81 | |
| Payee Name : TRANS-CAB AUTO SERVICES PTE LTD | | |
| Is Third Party Workshop GIA Registered? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Kindly indicate below) | | |
| A) For Non GIA Registered Workshop: | Agreed Liability _____ (%) | |
| B) For GIA Registered Workshop: | BOLA Applicable: Yes/ No BOLA Scenario No: 27 | |
| BOLA Liability: 100 (%) | 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/TORTEASOR 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: Amanda Tay
Date: 08/06/20



KSC

Signature of Witness / Workshop stamp (if applicable)
Name of Witness: RENE TUNCA
Date: 08 JUN 2020

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