



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SJP4698H (Insd veh)	Model: RENAULT LATITUDE-2.0 L (A)
	SHP553U (TP veh)	
Date of Accident/ Time:	24/06/2019	

Repair Estimate	: \$		
Final Repair Cost (WGST)	: \$	1,605.00	
Loss of Use	: \$	--	days at \$ per day
Rental (if any)	: \$	162.26	2 days at \$ 81.13 per day
LTA / GIA Search Fee	: \$	7.49	
Others:	: \$	--	
Final Settlement Sum	: \$	1,774.75	

Payee Name : TRANS-CAB AUTO 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:

- 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: <u>NG WAI YIN</u> Date: <u>30 OCT 2019</u>	 Signature of Witness / Workshop stamp (if applicable) Name of Witness: <u>Amanda Tay</u> Date: <u>30/10/2019</u>
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Signature of AXA's surveyor/representative:
 Name of AXA's surveyor /Representative:
 Date: