



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SHC5257H (Insd veh)	Model: TOYOTA PREMIO-1.5 (A)
	SJN5932K (TP veh)	
Date of Accident/ Time:	21/06/2019	

Repair Estimate	: \$		
Final Repair Cost	: \$	3,900.00	
Loss of Use	: \$	420.00	7 days at \$ 60.00 per day
Rental (if any)	: \$	-	days at \$ per day
LTA / GIA Search Fee	: \$	36.45	
Others:	: \$		
	: \$		
Final Settlement Sum	: \$	4,356.45	

Payee Name : TEAM AUTOPRO PTE LTD

Is Third Party Workshop GIA Registered? [] YES [X] 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:

NOTE:

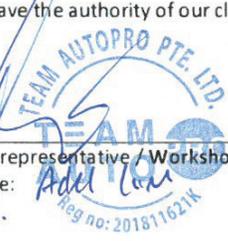
- PLEASE EXPRESSLY RESERVE YOUR CLIENT'S RIGHTS IF SO REQUIRED IN THIS SETTLEMENT DOCUMENT.
- THIS SETTLEMENT IS ON A WITHOUT PREJUDICE BASIS AND SHOULD NOT CONSTRUED AS AN ADMISSION OF LIABILITY ON AXA AND THEIR CLIENT/TORTFEASOR IN ANY MANNER WHATSOEVER.
- AXA RESERVES THEIR RIGHTS UNDER THE POLICY 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: *Adel*
 Date: *18/11/19.*



Signature of Witness / Workshop stamp (if applicable)
 Name of Witness: *Peachy*
 Date: *18/11/19.*



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:	13-Nov-19
INVOICE NOS:	TAP5932K-19/0558
Your Reference:	SJN 5932K
Date Of Accident:	21/6/2019

Billed To: AXA Insurance Singapore Pte Ltd

On Behalf Of: 5M Car Rental Pte Ltd

Invoice Type: 3rd Party PD Claim

INVOICE TOTAL IN SGD

\$ 3,900.00

DESCRIPTION	AMOUNT (\$\$)
Lump Sum Amount Payable for Supply of Spare Parts & Labour Pertaining to Accident Repair of: <u>SJN 5932K</u>	\$ 3,900.00
Discount	\$ -
Amount Due	\$ 3,900.00

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