

## **AXA THIRD PARTY DIRECT SETTLEMENT**

Vehicle No:	SHB 7973R (Insd veh)		
	SHD 9453B (TP veh)	Model:TOYOTA PRIUS	
Date of Accident/ Time:	08/07/2019		

Repair Esti	mate	:\$	40,563.87		
Final Repair Cost		:\$	9,576.50	W/GST	
Loss of Use / INCOME Token Run.		<b>~.</b> :\$	350.00	7 days at \$50.00 per day	
Rental (if any)		:\$	793.80	7 days at \$113.40 per day	
LTA/GIAS	earch Fee	:\$		- Priming regulates at a state of the state	
Others:		:\$			
		:\$			
Final Settlement Sum		:\$	10,720.30		
Payee Nan	ne: TRANS-CAB AUT	O SERVICE	S PTE LTD		
Is Third Pa	rty Workshop GIA Registe	red? [X	YES [ ] NO (Kindly indicate below		
A)	For Non GIA Registered Workshop:		p: Agreed Liability(9	6)	
B)	For GIA Registered W	/orkshop:	BOLA Applicable: <del>Yas</del> / No BOI	BOLA Applicable: Yes/ No BOLA Scenario No: NIL	
BOLA Liability:		(%)	Assessed Liability (*):	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.  $0 \frac{SER_{\nu}}{N}$ 

Tel: 52876656

Signature of workshop representative / Workshop stamp Name of Representative: Awards Tax

Date: 04/03/20

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

Date:

Signature of Witness / Workshop stamp (if applicable)
Name of Witness: Thew Imph

Date:

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