



AXA THIRD PARTY DIRECT SETTLEMENT

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|-------------------------|--------------------|---------------------------------------|
| Vehicle No: | YQ 267L (Insd veh) | Model: RENAULT LATITUDE 2.0L DCI AUTO |
| | SHC 5545B (TP veh) | |
| Date of Accident/ Time: | 10/07/2019 10.43 | |

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|---|----------------------------------|---|
| Repair Estimate | : \$ 59,316.82 | |
| Final Repair Cost (W/GST) | : \$ 6,259.50 | |
| Loss of Income | : \$ 200.00 | 4 days at \$ 50.00 per day |
| Rental (if any) | : \$ 387.96 | 4 days at \$ 96.99 per day |
| LTA / GIA Search Fee | : \$ 7.49 | |
| Others: | : \$ | |
| Final Settlement Sum | : \$ 6,854.95 | |
| 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: | | |




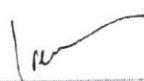
NOTE:

- 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.

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|  Signature of workshop representative / Workshop stamp Name of Representative: Ananda TAN Date: 10/06/2020   |  Signature of Witness / Workshop stamp (if applicable) Name of Witness: Irong Tan Date: 10 JUN 2020 |
| Signature of AXA's surveyor/representative: Name of AXA's surveyor/Representative: Date: 10/6/2020 | |