![AXA logo]

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SGY7042T (Insd veh)	Model: RENAULT LATITUDE-2.0 L (A)
	SHC5256K (TP veh)	
Date of Accident/ Time:	10/07/2019	

Repair Estimate	: $			
Final Repair Cost (WGST)	: $	2,782.00		
Loss of Use	: $		days at $	per day
Rental (if any)	: $	324.52	4 days at $ 81.13	per day
LTA / GIA Search Fee	: $	7.45		
Others:	: $			
	: $			
Final Settlement Sum	: $	3,113.97		

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: Yes No　BOLA Scenario No: 15
	BOLA Liability: ___100___ (%)	Assessed Liability (*): _____ (%)

Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.
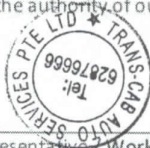
Remarks:

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.

[Signature] [Workshop stamp: TRANS-CAB AUTO SERVICES PTE LTD Tel: 62876666] [Signature]

Signature of workshop representative / Workshop stamp	Signature of Witness / Workshop stamp (if applicable)
Name of Representative: NG WAI YIN	Name of Witness: Irene Tang
Date: 3 0 SEP 2019	Date: 3 0 SEP 2019

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