

TO: Suwanna

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SGV6403H (Insd veh	
	SHD638U (TP veh)	Model: RENAULT LATITUDE-2.0 L (A)
Date of Accident/ Time:	10/07/2019	

Repair Es	stimate	:\$					
Final Rep	pair Cost (WGST)	:\$	3,299.44				
Loss of U	se	:\$				days at \$	per day
Rental (if	any)	:\$	310.80			3 days at \$103	.60 per day
LTA/GIA	Search Fee	:\$	7.45				
Others:		:\$					
		:\$					
Final Settlement Sum		:\$	3.617.69				
Payee Na	ame :TRANS-CAB AUTO :	SERVICES P	TE LTD				
Is Third F	Party Workshop GIA Regis	tered? [v	/] YES []	NO (Kindly indica	ite 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 o	nly for chain collisi	ons and for cases where	BOLA does	s not apply.	
Remarks:							

NOTE:

- 1. 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.
- 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 of workshop repressive Workshop stamp
Name of Representative: NG WALYIN

161: 62876666

Date:

30 SEP 2019

Signature of Witness (Workshop stamp (if applicable)
Name of Witness:

Date:

3 N SEP 2019

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