

To: Suwanna



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SMK7258R (Insd veh)	Model: RENAULT LATITUDE-2.0 D DCI (A)
	SHC5973Z (TP veh)	
Date of Accident/ Time:	06/08/2019	

Repair Estimate	: \$		
Final Repair Cost (WGST)	: \$	3,317.00	
Loss of Use (LOI)	: \$	150.00	3 days at \$ 50.00 per day
Rental (if any)	: \$	290.97	3 days at \$ 96.99 per day
LTA / GIA Search Fee	: \$	7.49	
Others:	: \$		
	: \$		
Final Settlement Sum	: \$	3,765.46	

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: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No BOLA Scenario No: <u>15</u>
	BOLA Liability: <u>100</u> (%)	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: <u>Ng Wai Yin</u> Date: <u>16 OCT 2019</u>		 Signature of Witness / Workshop stamp (if applicable) Name of Witness: <u>Irene Tang</u> Date: <u>16 OCT 2019</u>
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Signature of AXA's surveyor/representative:
 Name of AXA's surveyor /Representative:
 Date: