



Without Prejudice  
to our driver's Injury claim

### AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SLB986C (Insd veh)	Model: HYUNDAI I40-1.7 D CRDI (A)
	SHB3275Z (TP veh)	
Date of Accident/ Time:	23/08/2019	

Repair Estimate	: \$	
Final Repair Cost	: \$	
Loss of Use	: \$	days at \$ per day
Rental (if any)	: \$	days at \$ per day
LTA / GIA Search Fee	: \$	
Others:	: \$	
	: \$	
Final Settlement Sum (Global Sum)	: \$	2,440.00

Payee Name : DING AUTOMOTIVE 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/ <input checked="" type="checkbox"/> No BOLA Scenario No: <u>NIL</u>
	BOLA Liability: _____ (%)	Assessed Liability (*): <u>100</u> (%)
* 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.

			
Signature of workshop representative / Workshop stamp		Signature of Witness / Workshop stamp (if applicable)	
Name of Representative: <u>Kelly</u>		Name of Witness: <u>YIM YI YING</u>	
Date: <u>21/10/19</u>		Date: <u>21/10/19</u>	

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

# DING AUTOMOTIVE PTE LTD

Business Reg. No : 201619222G  
BLK 10, #01-20 SIN MING IND EST. SEC C, SINGAPORE 575645  
Tel: 6452 1208 Fax: 6452 0614

## TAX INVOICE

### AXA INSURANCE PTE LTD

8 SHENTON WAY #27-01, AXA TOWER  
SINGAPORE 068811

ATTN :

TEL :

FAX :

INVOICE : I-000811  
DATE : 22/10/2019  
GST REG NO : 201619222G  
TERMS : C.O.D.  
PO NO : SLB986C  
OUR REF : SHB3275Z  
PAGE : 1 of 1

ITEM NO.	DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
1.	Cost Of Repair - SHB3275Z	1	1,500.00	1,500.00

#### REMARKS :

Job No: 50111960  
Your Ref: SLB986C (CC4/ASM19014987/R1pb3)  
DOA: 23/08/2019  
OIC: MS HSIAO TONG

SUB TOTAL : 1,500.00  
GST : 105.00  
TOTAL SGD : 1,605.00  
DEPOSIT :  
O/S BALANCE :

FOR DING AUTOMOTIVE PTE LTD

Authorised Signature

Customer Signature

I have inspected and hereby confirmed that  
the job done and the amount due herein  
are entire to my satisfaction