



440,908-185

## AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SJP3785X (Insd veh)	Model: RENAULT LATITUDE-2.0 L (A)
	SHC5062C (TP veh)	
Date of Accident/ Time:	24/08/2019	

Repair Estimate	: \$	
Final Repair Cost (WGST)	: \$	7,062.00
Loss of Use	: \$	-- days at \$ -- per day
Rental (if any)	: \$	3 days at \$ 81.13 per day
LTA / GIA Search Fee	: \$	7.49
Others:	: \$	--
Final Settlement Sum	: \$	7,312.88

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/ <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:

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 of workshop representative / Workshop stamp Name of Representative: <u>NG WAI YIN</u> Date: <u>13 NOV 2019</u>	 Signature of Witness / Workshop stamp (if applicable) Name of Witness: <u>Amenda ray</u> Date: <u>13/11/2019</u>
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Signature of AXA's surveyor/representative:  
Name of AXA's surveyor /Representative:  
Date: