



## AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SJG3378K	(Insd veh)	Model: TOYOTA WISH-1.8 (A)
	SHD601A	(TP veh)	
Date of Accident/ Time:	22/12/2013		

Repair Estimate	: \$		
Final Repair Cost (WGST)	: \$	12,037.50	
Loss of Use	: \$	—	days at \$ per day
Rental (if any)	: \$	1,117.08	12 days at \$ 93.09 per day
LTA / GIA Search Fee	: \$	2.00	
Others: (Towing)	: \$	60.00	
	: \$		
Final Settlement Sum	: \$	13,216.58	
Payee Name : TRANS-CAB SERVICES PTE LTD			
Is Third Party Workshop GIA Registered? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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>5</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.

<p>Signature of workshop representative / Workshop stamp  Name of Representative: <u>NG WAI YIN</u>  Date: <u>29 NOV 2019</u></p>	<p>Signature of Witness / Workshop stamp (if applicable)  Name of Witness: <u>Irene Tang</u>  Date: <u>29 NOV 2019</u></p>
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Signature of AXA's surveyor/representative:  
Name of AXA's surveyor /Representative:  
Date: