



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SGV 9321R (Insd veh)	Model: CHEVROLET EPICA 2.0 (A)
	SHB 7855Z (TP veh)	
Date of Accident/ Time:	05/04/2014 23:40	

Repair Estimate	: \$	18,537.05	19,834.64	
Final Repair Cost	: \$			
Loss of Use Token Sum	: \$			days at \$ per day
Rental (if any)	: \$			6 days at \$121.98 per day
LTA / GIA Search Fee	: \$			
Others:	: \$			
Final Settlement Sum (Global Sum)	: \$	2,000.00		
Payee Name : Trans-Cab Auto 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: <u>Yes</u> / No BOLA Scenario No: <u>NIL</u>	
	BOLA Liability: <u>25</u> (%)		Assessed Liability (*): <u>25</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/TORTEFEASOR 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: Jasmine Tan
Date: 24 APR 2020

Signature of Witness / Workshop stamp (if applicable)
Name of Witness: Amanda TAY
Date: 24/04/20

Signature of AXA's surveyor/representative:
Name of AXA's surveyor /Representative:
Date: 28/04/2020