



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	YN7345P (Insd veh)	Model: MAN TGS 35.360 8X4 BB
	XD6245R (TP veh)	
Date of Accident/ Time:	05/08/2017 @ 0130HRS	

Repair Estimate	: \$		
Final Repair Cost	: \$	5,500.00	
Loss of Use	: \$	1,050.00	7 days at \$150 per day
Rental (if any)	: \$		days at \$ per day
LTA / GIA Search Fee	: \$	2.00	
Others:	: \$		
	: \$		
Final Settlement Sum	: \$	6,552.00	
Payee Name : LEE KUAN HWA MOTOR SERVICE			
Is Third Party Workshop GIA Registered? <input checked="" type="checkbox"/> 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 / No BOLA Scenario No: 27	
	BOLA Liability: 100 (%)	Assessed Liability (*): _____ (%)	
* 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.

LEE KUAN HWA MOTOR SERVICE 39, Westwood Avenue, Singapore 648719 TEL: 6269 9192 FAX: 6269 2239 H/P: 9631 1712	LEE KUAN HWA MOTOR SERVICE 39, Westwood Avenue, Singapore 648719 TEL: 6269 9192 FAX: 6269 2239 H/P: 9631 1712
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Signature of workshop representative / Workshop stamp
Name of Representative: Adeline
Date: 12/02/20



YWK

Signature of Witness / Workshop stamp (if applicable)
Name of Witness: Adeline
Date: 12/02/20

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