

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SHF687S		d veh)		Beathard and Charles of the Alles of the All		
			(TP veh)	Model:			
Date of Accident/Time:							
Repair Estimate	:\$		week and the second	IN ALBOMINI PROPERTIES (II) PARTIES AND			
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		6,248.23					
Payee Name : TRANS-CA	B AUTO SEF				na gyraada naaca yaala saya ka aana ay araa karaa ahaa ka sadaa ka sadaa ka sadaa ka sadaa ka sadaa ka sadaa k T	***************************************	
Is Third Party Workshop GIA] YES []		(Kindly indicate b	elow)		
For Non GIA Registered Workshop:			Agreed L	iability	(%)		
B) For GIA Regis	For GIA Registered Workshop:			A Applicable: Yes/ No BOLA Scenario No:			
BOLA Liability	BOLA Liability:(%)			ssed Liability (*):(%)			
* Assessed Lic	bility to be filled	only for chain collision	s and fo	r cases where BO	LA does not apply.		
Remarks:			_				

NOTE:

- 1. 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.
- 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.

full and final settlement that we and or our client have/had/has against you (AXA and their We/I confirmed that this policyholder/authorised /tortfeasor) for any and all losses (past/present/future) arising from this accident.

We confirmed that nority 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: 27 MAY 2019

KSC

Signature of Witness / Workshop stamp (if applicable)

Name of Witness: NG W4, YW

27 MAY 2019

Signature of AXA's survey or/representative: Name of AXA's surveyor Representative:

Date:

AXA Insurance Pte Ltd (Company Reg. No.: 199903512M) 8 Shenton Way #24-01 AXA Tower Singapore 068811 AXA Customer Centre #01-21/22 Telephone: +65 6880 4888 - axa.com.sg