



**WITHOUT PREJUDICE to:**  
**(a) Insurers' Subrogated Claim and/or**  
**(b) Any Personal Injury Claims**  
**[Note: This Notice supersedes any Inconsistencies**  
**found in this Discharge Voucher]**

**AXA THIRD PARTY DIRECT SETTLEMENT**

Vehide No:	SDJ 8155J	(Insd veh)	Model: HYUNDAI :HD AVANTE 1.6A
	SDJ 5568X	(TP veh)	
Date of Accident/ Time:	28/01/2018		

Repair Estimate	: \$		
Final Repair Cost (WGST)	: \$	2,621.50	
Loss of Use	: \$	240.00	4 days at \$ 60 per day
<del>Rental (if any)</del> (LOI)	: \$	200.00	4 days at \$ 50 per day
LTA / GIA Search Fee	: \$	29.00	
Others:	: \$		
	: \$		
Final Settlement Sum	: \$	3,090.50	
Payee Name : YEW TEE AUTOMOBILE TECH 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>28</u>	
	BOLA Liability: <u>100</u> (%)	Assessed Liability (*): <u>0</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/TORTEASOR 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: Shaun Toh  
Date:

Signature of Witness / Workshop stamp (if applicable)  
Name of Witness: may  
Date:

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