

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SJF6336S	(Insd veh)	
	SKB6624U	(TP veh)	Model:BMW 520IA
Date of Accident/ Time:	21/04/2014 @ 0835HRS		

Repair Es	timate	:\$			***************************************		T	The second se	Marchel von Oller, er, Anne Mirauskalt deutschaft	
Final Rep	air Cost	:\$ 8	3,560.00			***************************************				
Loss of Use Rental (if any) LTA / GIA Search Fee		:\$					days at \$ per day			
		:\$					9	days at \$100	per day	
		:\$	2.00							
Others:		:\$						NAME OF THE OWNER OWNER OF THE OWNER		
		:\$								
Final Settlement Sum		:\$	9,462.00							
Payee Na	me : K.KIM.HIN AUTO			***************************************	man ya Tanun ay kanada adaaday ah adda ay aa da ba	**************************************	1			
	arty Workshop GIA Registe		YES []	NO	(Kindly indica	ite below)			***************************************	
A)	For Non GIA Registered Workshop:			Agreed Liability(%)						
B)	For GIA Registered Workshop: BOLA Liability:(%)			BOLA A	oplicable: Yes,	No BOL	A Sc	enario No: WIL	-	
				Assessed Liability (*): (%)						
	* Assessed Liability to	o be filled on	nly for chain collis	ons and fo	or cases when	BOLA do	es no	ot 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.
- 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.

Signature of Witness

Date:

Name of Witness: MAR

(shop stamp (if applicable)

We confirmed that we have the authority of our client to act for and on their behalf it

epresentative / Workshop stamp ignature

Name of Repr

Date:

VANA KHONG

Signature of AXA's surveyor/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