Cecilia

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SJY 3927G	(Insd veh)	Model: KIA FORTE K3
	SLR 6186X	(TP veh)	
Date of Accident/ Time:	30/03/2018 / 11:00		

				(W/GST)
Repair Estimate	: $	4,697.40		
Final Repair Cost	: $	2,627.06		03 days at $ 50.00 per day
Loss of Use	: $	150.00		days at $ per day
Rental (if any)	: $			
LTA / GIA Search Fee	: $	2.00		
Others:	: $			
	: $			
Final Settlement Sum	: $	2,779.06		

Payee Name :

Is Third Party Workshop GIA Registered? [ ] YES [ ] NO (Kindly indicate below)

A)	For Non GIA Registered Workshop:	Agreed Liability _____ (%)
B)	For GIA Registered Workshop:	BOLA Applicable: Yes/ No BOLA Scenario No: ____
	BOLA Liability: _____ (%)	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.

Signature of workshop representative / Workshop stamp
Name of Representative: Ler Yeong Cherng
Date: 14/05/2019

Signature of Witness / Workshop stamp (if applicable)
Name of Witness: LEE CHEE KANG
Date:

CKS

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