

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	GBB4659P	(Insd veh)			
	SLM3503K	(TP veh)	Model:	KIA/SOLENTO	2.2 A SX
Date of Accident/ Time:	10/03/2018 @ 0850HRS				

Repair Esti	mate	:\$	
Final Repa	ir Cost	:\$	12,680,57
Loss of Use	2	:\$	days at \$ per day
Rental (if a	iny)	:\$	2,160.00 18 days at \$ 120 per day
LTA/GIAS	Search Fee	:\$	2.00
Others:		:\$	
WHITE CONTRACTOR CONTR		:\$	
Final Settlement Sum		: \$	14.842.57
Payee Nar	ne : CYCLE & CARRIA	GE K	
Is Third Pa	rty Workshop GIA Register	d? [[] YES [] NO (Kindly indicate below)
A)	For Non GIA Registere	d Works	shop: Agreed Liability (%)
B)	For GIA Registered Wo	rkshop:	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.

Signature of Witnes

Name of Witness;

Date: 67 66

/ Workshop stamp (if applicable)

JUD CHENG

We confirmed that we have the authority of our client to act for and on their behalf in this accident.

Signature of workshop replacentative / Workshop stamp
Name of Representative:

Date: 07 06/1

MOR

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

Date:

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