



### AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	FBA 9495S	(Insd veh)	Model: HYUNDAI : I40
	SH 8531P	(TP veh)	
Date of Accident/ Time:	04/04/2018		

Repair Estimate	: \$		
Final Repair Cost	: \$		
Loss of Use	: \$		days at \$ per day
Rental (if any)	: \$		days at \$ per day
LTA / GIA Search Fee	: \$		
Others:	: \$		
	: \$		
<b>Final Settlement Sum (GLOBAL SUM)</b>	: \$	5,750.00	
<b>Payee Name :</b> COMFORTDELGRO ENGINEERING PTE LTD			
<b>Is Third Party Workshop GIA Registered?</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Kindly indicate below)			
<b>A)</b>	<b>For Non GIA Registered Workshop:</b>		Agreed Liability _____ (%)
<b>B)</b>	<b>For GIA Registered Workshop:</b>		BOLA Applicable: Yes/ No BOLA Scenario No: <u>28</u>
	BOLA Liability: <u>100</u> (%)	Assessed Liability (*): <u>100</u> (%)	
<i>* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.</i>			
Remarks:			

#### NOTE:

- 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.
- 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 / <b>Workshop stamp</b>	Signature of Witness / <b>Workshop stamp (if applicable)</b>
Name of Representative:	Name of Witness:
Date:	Date:

4-9-19  
COMFORTDELGRO ENGINEERING PTE LTD  
59 LOYANG DRIVE  
SINGAPORE 639960

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

Please forward your cheque made payable to:  
**COMFORTDELGRO ENGINEERING PTE LTD**

"The contents of this document apply to vehicle damages only  
All personal injuries and damages arising therefrom are excluded  
from the ambit and application of this document"