



AXA THIRD PARTY DIRECT SETTLEMENT

Vehide No:	SKD6941T (Insd veh)	Model: VOLKSWAGEN SCIROCCO 2.0L AT
	SLJ3139U (TP veh)	
Date of Accident/ Time:	13/04/2018 @ 2100HRS	

Repair Estimate	: \$		
Final Repair Cost	: \$	1,016.50	
Loss of Use	: \$	300.00	3 days at \$ 100 per day
Rental (if any)	: \$	-	days at \$ per day
LTA / GIA Search Fee	: \$	2.00	
Others:	: \$	-	
	: \$	-	
Final Settlement Sum	: \$	1,318.50	

Payee Name : CITY AUTO PTE LTD

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:

- 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.

CITY AUTO PTE LTD

Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643

Tel: 6453 7331 Fax: 6453 7944
Signature of Workshop Representative / Workshop stamp
Name of Representative (Stamp Section)
Date:



KBC

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

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