



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SJM 5360R	(Insd veh)	Model: SUZUKI SX4
	SJF 3442M	(TP veh)	
Date of Accident/ Time:	25/04/2019 / 18:25		

Repair Estimate	: \$				
Final Repair Cost Total Loss	: \$	1,000.00			
Loss of Use	: \$	500.00	10 days at \$ 50.00 per day		
Rental (if any)	: \$		days at \$ per day		
LTA / GIA Search Fee	: \$				
Others:	: \$				
Final Settlement Sum	: \$	1,500.00			
Payee Name :	Our Bro's Workshop (S) Pte Ltd				
Is Third Party Workshop GIA Registered?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (Kindly indicate below)				
A)	For Non GIA Registered Workshop:	Agreed Liability 100 (%)			
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:	TOTAL LOSS				

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/TORTEASOR 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: VEERAMAN Date: 12/07/2019	 Signature of Witness / Workshop stamp (if applicable) Name of Witness: Raymond Date: 12/7/2019
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Signature of AXA's surveyor/representative: Name of AXA's surveyor /Representative: Date: 20/04/2020	 LKK LUP
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