

## AXA THIRD PARTY DIRECT SETTLEMENT

	01 V 402011	SLX 4039U (Insd ve SLF 7897J (TP veh				
Vehicle No:				Model:		
Date of Accident/ Time:	p3 ARPIL 2016 101	.05 1110				
Repair Estimate	: \$			4.042.03		
Final Repair Cost		4,843.93			days at \$	per day
· ·					09 days at \$ 85.60	
Loss of Use		770.40			09 days at \$ 85.60	per day
Rental (if any)	:\$			7.45		
LTA / GIA Search Fee						
Others:	:\$					
	:\$			5,621.78		
Final Settlement Sum				0,021.70		
Payee Name : MOTOR IMA	GE ENTERPRISES PTE	LTD	1 10	(Kindly indicate below)		
Is Third Party Workshop G	IA Registered?	[ X ] YES [	NO	(Killary Illaleace Select)		
			Aarond	Liability(%	6)	
A) For Non G	For Non GIA Registered Workshop:					
-1	For GIA Registered Workshop:			applicable: Yes/ No BOI	_A Scenario No: _27	-
-1						
BOLA Liab	ty:100(%)			Assessed Liability (*):(%)		
* Assessed	Liability to be fille	d only for chain colli	sions and	for cases where BOLA do	es not apply.	

## 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.
- 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: 30 PONS

Date: 21/05/2019

Signature of Witness / Workshop stamp (if applicable) Name of Witness: DANIEL 5492.

Date:

21/05/2019.

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

Date: