

AXA THIRD PARTY DIRECT SETTLEMENT

Vehide No:	SKZ 6913J	(Insd veh)	
	SLZ 5183T	(TP veh)	Model: SUBARU FORESTER - 1995cc
Date of Accident/ Time:	10/06/2018 / 15:55		

Repair Es	timate	:\$	4,348.82		••••	
Final Rep	air Cost w/GST	:\$	1,211.24 ✓		***************************************	
Loss of Use		;\$	200.00 ∨	2 days at \$ 100	per day	
Rental (if any)		;\$	-	days at \$	per day	
LTA / GIA Search Fee		:\$	2.00 √		***************************************	
Others:		:\$	-			
		:\$				
Final Settlement Sum		;\$;\$ 1,413.24 V			
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	ame: MOTOR IMAGE ENTERF Party Workshop GIA Registered For Non GIA Registered	?	[ X ] YES [ ] NO (Kindly indicate below	•	***************************************	
В)	For <b>GIA Registered Wor</b> BOLA Liability: <u>100</u>			BOLA Applicable: Yes/ <del>No.</del> BOLA Scenario No: <u>28</u> Assessed Liability (*): 0 (%)		
	* Assessed Liability to be	filled	only for chain collisions and for cases where BOLA do	es not apply.	***************************************	
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## 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.

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

KSC

Signature of workshop representative / Workshop stamp

**LKK** 

Date:

Name of Representative: Daniel A Jude 02/06/2000

Signature of Witness / Workshop stamp (if applicable)

Name of Witness: Wahamed 18 man

Date:

0210612020

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

Date:02/06/2020