

## AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	XB 8755H	(Insd veh)		HINO XZU710R	
	YM 39A	(TP veh)	Model:		
Date of Accident/ Time:	09/07/2018 / 13:50				

Remarks:	* Assessed Liability to	be filled (	only for chain callisi	ons and for cases where i	BOLA does not apply.		
		BOLA Dability:(%)			Assessed Liability (*):(%)		
8)	For GIA Registered Workshop:			BOLA Applicable: Yes/1	No BOLA Scenario No:		
A)	For Non GIA Register	Non GIA Registered Workshop:		Agreed Liability	(%)		
	Party Workshop GIA Register	red? [	] AEZ [ ]	NO (Kindly indicat	e below)		
Payee Na	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT						
Final Settlement Sum		: \$	3,560.82				
		. 5					
Others:		:\$	2.00				
LTA / SIA	A Search Fee	:5	2.00		02 0875 81 0 120,40 per 087		
Rental (ii	fany) (W/GST)	-5	256.80	02 days at \$128.40 per day			
Loss of L	Jse:	15			The second secon		
Final Rep	pair Cost	:5	3.302.02		(W/GST)		
Repair E	stimate	: \$	4,421.00	)			

## NOTE:

- 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/jauthorised driver/tortfeasor) for any and all losses (past/present/future) arising from this accident.

d that we have the authority of our client to act for and on their behalf in this acquent.

nature of workshop representative / Workshop stamp

Name of Representative:

Signature of Witness / Workshop stamp (if applicable)
Name of Witness: | Can Lian U

CKS

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