

AXA THIRD PARTY DIRECT SETTLEMENT

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

Repair Estimate	: \$	4,421.00	
Final Repair Cost (W/GST)	: \$	3,302.02	
Loss of Use	: \$		days at \$ per day
Rental (if any) (W/GST)	: \$	256.80	02 days at \$128.40 per day
LTA / GIA Search Fee	: \$	2.00	
Others:	: \$		
Final Settlement Sum	: \$	3,560.82	
Payee Name: KAN FOOK SING MOTOR WORKSHOP			
Is Third Party Workshop GIA Registered? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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:

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 RESERVE THEIR RIGHTS OF RECOVERY IN THE EVENT OF FRAUD / MIS REPRESENTATION / MISTAKE / MATERIAL NON DISCLOSURE. AXA ALSO RESERVES THEIR RIGHTS TO WITHDRAW THEIR ACCEPTANCE IN THE EVENT OF ANY INCONSISTENCIES/FRAUD/SUSPECTED FRAUD/MIS REPRESENTATION AND/OR MATERIAL NON DISCLOSURE OF FACTS/MISTAKE(S).

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: KAN FOOK SING MOTOR WORKSHOP
 Date: 02-04-2019

Signature of Witness / **Workshop stamp (if applicable)**
 Name of Witness: KAN FOOK SING MOTOR WORKSHOP
 Date: 02-04-2019

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