

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	GQ 8238G	(Insd veh)	
	SJJ 1963J	(TP veh)	Model: TOYOTA ALLION - 1496CC
Date of Accident/ Time:	21/07/2018 / 22:45		

Remarks:	TOTAL LOSS					
	* Assessed Liability to	be filled	only for chain collisions and for cases where BOLA	does not apply.		
	BOLA Liability:	(%	Assessed Liability (*):	Assessed Liability (*):(%)		
В)	For GIA Registered W	orkshop	: BOLA Applicable: YES :/ No B	BOLA Applicable:YES:/ No BOLA Scenario No:		
A)	For Non GIA Registere	d Work	shop: Agreed Liability 100	(%)		
Is Third Par	rty Workshop GIA Register	ed?	[] YES [×] NO (Kindly indicate belo	ow)		
	ne : MG SOLUTION PTE L					
Final Settlement Sum		:\$	2,000.00	(GLOBAL SUM - ALL IN)		
		:\$				
Others:		:\$				
LTA / GIA S	earch Fee	:\$				
Rental (if ar	ny)	:\$		days at \$ per day		
Loss of Use		:\$		14 days at \$50.00 per day		
Cinal Papai	Total Loss	:\$	2,000.00			
Repair Estir	nate	:\$				

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 against.

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

Signature of workshop genesentative / Workshop stamp
Name of Representative WN C S u H U I

Date:

i u D

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

Date: 03.06.2020

Signature of Witness / Workshop stamp (if applicable)
Name of Witness: SHA KON CHIA

Date:

Provided always that this discharge of my claim for damages relating to the damage to my vehicle shall not prejudice or affect my further claim for general and special damages for my personal injuries sustained in the same accident.