

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	GBF4758R	(Insd veh)			
	GY4604S	(TP veh)	Model:	mits 4BISHI	
Date of Accident/ Time:	19/03/201 8 @ 1230HRS				

Repair Es	timate	:\$	6,851.68
Final Rep	air Cost	:\$	1,800.00
Loss of U	se	:\$	460.00 3 days at \$ 150 per day
Rental (if	any)	:\$	days at \$ per day
LTA / GIA	Search Fee	:\$	
Others:		:\$	-
		:\$	
Final Settlement Sum :\$:\$	1,750.00
Payee Na	me: HUA MENG SPE	RAY PAI	INTING WORKSHOP
**************************************	arty Workshop GIA Registe		[] YES [X] NO (Kindly indicate below)
A)	For Non GIA Registe	red Work	shop: Agreed Liability 100 (%)
B)	For GIA Registered \	Workshop	: BOLA Applicable: Yes/ No BOLA Scenario No:
	BOLA Liability:	(%)	Assessed Liability (*):(%)
	* Assessed Liability t	o 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.
- 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. 明慎深

LWP

HUA MENG SPRAY PAINTING WORKSHO AUT BAY@KAKI BUKIT AUTOBAY @ KAKI BUNI AUTOBAY @ KAKI BUNI VE 6 #01-34 SINGAPORE 41788 Signature of Workshop stamp

Name of Representative: mue 6 h MMI Date:

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

Signature of Witness / Workshop stamp (if applicable)

Name of Witness:

Date:

WITHOUT FIRE SELLS OUR CLIENTS PERSON'S INJURY CLAIM (ROESEN) OF HITUARS WHICH IS EXPRESSLY RESERVED