

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle N	0:	SGT 1	SGT 16S		(Insd veh)					
SHE		SHD 9	SHD 9587Z		(TP veh)	Mod	el: CHEVROLET EPICA 2.0DSL	HEVROLET EPICA 2.0DSL		
Date of Accident/ Time: 14/08		8/2018								
Repair Estimate			:\$							
Final Repair Cost			:\$							
Loss of Use			:\$				days at \$ per day	r		
Rental (if any)			:\$				days at \$ per day	1		
LTA/GIA	Search Fee		:\$							
Others:		:\$								
			:\$					v000000000		
Final Settlement Sum (Global Sum)			:\$	9,200.00						
Payee Na	me : TRANS-CAB	AUTO SEI	RVICE	S PTE LTD			the state of the s			
Is Third P	arty Workshop GIA	Registere	d?	[X] YES [] NO	(Kindly	Indicate below)			
A)	For Non GIA Registered Workshop:				Agreed	Liability	(%)	***************************************		
B)	For GIA Registered Workshop: BOLA Applicable: Yes/No BOLA Scenario No: 27									
	BOLA Liability: 100 (%)				Assesse	Assessed Liability (*): 100 (%)				
	* 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.
- 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) prising from this accident.

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

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Signature of workshop representative / Workshop stamp

62876666

Name of Representative: NO WAI YIN

Date:

24 SEP 2019

Signature of Witness / Workshop stamp (if applicable)

Name of Witness:

Date:

2 4 SEP 2019

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