

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:		SJW4364J (Insd veh)						
			SLE474Y	(TP veh)	Model: TOYOTA SIENTA			
Date of A	ccident/ Time:		23/08/2018					
Repair Est	imate	:\$						
Final Repa		:\$						
Loss of Us		:\$				days at \$	per da	
Rental (if any)		:\$				days at \$	per da	
	Search Fee	:\$				days at 5	per do	
Others:		:\$						
Others.		:\$						
Final Sett	lement Sum (Global Sun		3,350.00					
Davis a Na	TO A VERMOOFN ACE BY	1.70						
	me : VERMOGEN ACE PTE		√1 YES [1 NO	(Kindly indicate below)			
Is Third P	arty Workshop GIA Re	gisterear	√] YES [] NO	(Kindiy indicate below)			
A)	For Non GIA Reg	gistered Works	shop:	Agreed	Liability(%)			
B)	For GIA Pagistar	ed Workshop		BOLAAr	oplicable Yes, No BOLA	Scenario No. 1	5	
21	For GIA Registered Workshop:							
	BOLA Liability: _	100 (%)		Assesse	d Liability (*):	(%)		
	* Assessed Liabi	lity to be filled	only for chain co	ollisions and fo	or cases where BOLA does	not apply.		
Remarks:			and the second s					
Nemains.				-w-				
NOTE:								
1016.								
1. P	LEASE EXPRESSLY RESE	RVE YOUR CLI	ENT'S RIGHTS IF	SO REQUIRE	D IN THIS SETTLEMENT DO	CUMENT.		
2. TI	HIS SETTLEMENT IS O	N A WITHOU	T PREJUDICE B	ASIS AND SH	OULD NOT CONSTRUED	AS AN ADMIS	SION OF	
LI	ABILITY ON AXA AND	THEIR CLIENT/	TORTFEASOR IN	ANY MANNE	R WHATSOEVER.			
3. A	XA RESERVES THEIR RI	GHTS UNDER	THE POLICY TER	MS & CONDIT	TIONS AS WELL AS THEIR F	IGHTS IN LAW		
				1				
60					is settlement confirmatio			
0		ived within 7 d	ays of this signe	ed confirmatio	n, we will automatically re	evert to loss of	use claim	
er the NIM	IA rates.							
Ne/L confir	med that this is a ful	and final set	tlement that w	e and or our	client have/had/has agai	inst you (AXA a	and their	
					/future) arising from this a	•		
oneynorae	ryadinorisea arrecytor		,	(1000)	N AM			
Ne confirm	ed that we have the A	thority of our	client to act for	and on their b	pehalf in this accident	103		
	(9)	101			O Reg N			
	Reg No.	o:)[III]			≥ 20 8060	(23C)		
	010000	230/			The state of the s	V.		

Signature of Witness / Workshop stamp (if applicable)

Name of Witness:

Date:

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

Signature of workshop representative / Workshop stamp

Date:

Date:

Name of Representative: