

## **AXA THIRD PARTY DIRECT SETTLEMENT**

Vehide No:		SLX 6638C (Insd veh)				
		SLX 5352H(TP veh)		Model: KIA SORENTO 2.2A		
Date of Accident/Time:		- 21/08/2018				
Repair Estimate		:\$	1584.67			
Final Repair Cost		:\$		(W/GST)		
Loss of Use		:\$			days at \$ per day	
Rental (if any)		;\$		4 days at \$160.00 per day		
LTA / GIA Search Fee		;\$				
Others:	part of po	:\$				
		:\$				
Final Settlement Sum		;\$.	2,117.67			
Payee Name :	CYCLE & CAR	RIAGE KIA P	TE LTD /	The second development of the second	A Dispersion and the second	
	Workshop GIA Regist	ered? [X	] YES [ ] NO	(Kindly Indicate below)		
A)	For Non GIA Registered Workshop: A			Agreed Liability(%)		
B)	For GIA Registered Workshop:			BOLA Applicable: Yes/ <del>No</del> BOLA Scenario No: <u>23</u>		
	BOLA Liability: 100 (%)  * Assessed Liability to be filled only for chain collision.			Assessed Liability (*):(%)		
	Assessed Liability	to be jined on	ny joi chain commons and	Jul Cases William Dock do	The state of the s	
Remarks:		4				

## 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.

Signature of workshop representative / Workshop stamp Name of Representative: LANNY SONGCUM

MRD

Date: 29/01/20

Signature of Witness / Workshop stamp

Name of Witness:

Date:

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

AXA Insurance Pte Ltd (Company Reg. No.: 199903512M)

8 Shenton Way #24-01 AXA Tower Singapore 068811

AXA Customer Centre #01-21/22

Telephone: +65 6880 4888 - axa.com.sg