



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SKE9495P	(Insd veh)	Model:HONDA CIVIC 1.8L 5AT
	SJR9599S	(TP veh)	
Date of Accident/ Time:	28/08/2018 @ 1445HRS		

Repair Estimate	: \$		
Final Repair Cost	: \$		
Loss of Use	: \$		days at \$ per day
Rental (if any)	: \$		days at \$ per day
LTA / GIA Search Fee	: \$		
Others:	: \$		
	: \$		
Final Settlement Sum	: \$	4,010.00	

Payee Name : SUPREME AUTO SERVICE PTE LTD

Is Third Party Workshop GIA Registered? ☐ 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: _____
	BOLA Liability: _____ (%)	Assessed Liability (*): _____ (%)
* 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.
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 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		Signature of Witness / Workshop stamp (if applicable)	
Name of Representative: <u>CHEW KEONG</u>		Name of Witness: <u>Kny Kenny chin</u>	
Date: <u>27-12-19</u>		Date: <u>27 DEC 2019</u>	

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



UNITED STATES GOVERNMENT

OFFICE OF THE ATTORNEY GENERAL

WASHINGTON, D.C.

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