



### AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SLE 6393H (Insd veh)	Model: HYUNDAI SONATA
	SHD 3339M (TP veh)	
Date of Accident/ Time:	09/09/2018	

Repair Estimate	: \$		
Final Repair Cost (WGST)	: \$		
Loss of Use	: \$		days at \$ per day
Rental (if any)	: \$		days at \$ per day
LTA / GIA Search Fee	: \$		
Others:	: \$		
	: \$		
Final Settlement Sum (GLOBAL SUM)	: \$	3600.00	
Payee Name : COMFORTDELGRO ENGINEERING PTE LTD			
Is Third Party Workshop GIA Registered? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Kindly indicate below)			
A)	For Non GIA Registered Workshop:	Agreed Liability _____ (%)	
B)	For GIA Registered Workshop:	BOLA Applicable: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No BOLA Scenario No: <u>24</u>	
	BOLA Liability: <u>100</u> (%)	Assessed Liability (*): _____ (%)	
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.			
Remarks:			

**NOTE:**

- 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: COMFORTDELGRO ENGINEERING PTE LTD Date: 19-8-19 59 LOYANG DRIVE SINGAPORE 508969	 Signature of Witness / Workshop stamp (if applicable) Name of Witness: COMFORTDELGRO ENGINEERING PTE LTD Date: 19-8-19 59 LOYANG DRIVE SINGAPORE 508969
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Signature of AXA's surveyor/representative:  
 Name of AXA's surveyor /Representative:  
 Date:

Please forward your cheque made payable to:  
**COMFORTDELGRO ENGINEERING PTE LTD**

"The contents of this document apply to vehicle damages only  
 All personal injuries and damages arising therefrom are excluded  
 from the ambit and application of this document"