



## AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	FT 5721T (Insd veh)	Model: AUDI A3 SEDAN
	SLE 5399Z (TP veh)	
Date of Accident/ Time:	MAJU DRIVE OPPOSITE MAJU CAMP	

Repair Estimate	: \$	
Final Repair Cost	: \$	
Loss of Use	: \$	9,692.60
Rental (if any)	: \$	days at \$ per day
LTA / GIA Search Fee	: \$	500.00 05 days at \$ 100.00 per day
Others:	: \$	2.00
	: \$	
Final Settlement Sum	: \$	10,194.60
Payee Name : PREMIUM AUTOMOBILES PTE LTD		
Is Third Party Workshop GIA Registered? [ 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: NIL
	BOLA Liability: 100 (%)	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  
Name of Representative: Chang Chee Sing  
Date: 4 June 2019

  
Signature of Witness / Workshop stamp (if applicable)  
Name of Witness: MASTURA OSMAN  
Date: 4/6/19

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