

## AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SLZ 6350X (Insd veh)	
	SKD 3502Y (TP veh)	Model: Volkswagen Scirocco (1390cc
Date of Accident/ Time:	16/08/2018	

Repair Est	imate	: \$	17,561.39	L.	
Final Repa	air Cost	:\$			
Loss of Use		;\$		10 days at \$ 60.00 per day	
Rental (if	any)	: \$		days at \$ per day	
LTA / GIA	Search Fee	:\$			
Others:		:\$:			
		: \$			
Final Sett	iement Sum (Global Sum)	:\$	9,000.00		
Payee Na	me:MG Solution Pte I	Ltd			
	arty Workshop GIA Registered		] YES [X] NO (Kindly indica	ate below)	
A)	For Non GIA Registered Workshop:		pp: Agreed Liability 1	Agreed Liability 100 (%)	
В)	For GIA Registered Workshop: BOLA Applicable: Yes/ No BO		/ No BOLA Scenario No:		
	BOLA Liability:	(%)	Assessed Liability (*):	(%)	
	* Assessed Liability to be	filled or	lly for chain collisions and for cases where	e 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 down thority of our client to act for and on their behalf in this accident

Signature of workshop representative \Workshop stamp

Name of Representative: WON & SU HOM

Date: 17/11/2020

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

Date: 17/11/2020

Signature of Witness / Wonsapp stamp (if applicable)

SHARON

Name of Witness:

Date: 17/11/2020

Provided always that this discharge of my claim for damages relating to the damage to my vehicle shall not prejudice or affect my further claim for general and special damages for my personal injuries sustained in the same accident.