



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SLZ9692P	(Insd veh)	Model: KIA/FORTE K3 1.6 A EX
	SLK2242E	(TP veh)	
Date of Accident/ Time:	22/09/2018 @ 1200HRS		

Repair Estimate	: \$		
Final Repair Cost	: \$	6,780.59	
Loss of Use	: \$	-	days at \$ per day
Rental (if any)	: \$	749.00	7 days at \$ 107 per day
LTA / GIA Search Fee	: \$	2.00	
Others:	: \$	-	
	: \$		
Final Settlement Sum	: \$	7,531.59	
Payee Name : CYCLE & CARRIAGE KIA PTE LTD			
Is Third Party Workshop GIA Registered? <input 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: 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
Name of Representative: LARRY SONGUAN
Date: 06/06/19


Signature of Witness / Workshop stamp (if applicable)
Name of Witness: EDWIN CATUA
Date: 6/6/19


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