



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SKT 5774G (Insd veh)	Model: Kia Forte (1591cc)
	SLW 7478X (TP veh)	
Date of Accident/ Time:	23/09/2018	

Repair Estimate	: \$		
Final Repair Cost (w/GST)	: \$	4,322.80	
Loss of Use	: \$	-	days at \$ per day
Rental (if any) (w/GST)	: \$	428.00	4 days at \$ 100.00 per day
LTA / GIA Search Fee	\$	2.00	
Others:	: \$	-	
Final Settlement Sum	: \$	4,752.80	
Payee Name : CYCLE & CARRIAGE FULCO MOTOR DEALER PL			
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: Yes/ No BOLA Scenario No: <u>27</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: **CHRIS**
 Date:

CYCLE & CARRIAGE FULCO
 SV 17

Signature of Witness/ Workshop stamp (if applicable)
 Name of Witness: **RENEETA PANG**
 Date:



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