

Vehicle No:

WITHOUT PREJUDICE to:

(a) Insurance Subregated Claim and/or (b) Any Personal Injury Claims [Note: This Notice supersedes any inconsistencies found in this Olscharge Voucher]

AXA THIRD PARTY DIRECT SETTLEMENT

(Insd veh)

FBB7176X

		SLE331	3311P (TI			veh) Model:								
Date of Accident/ Time: 27/0			9/2018 @ 1435HRS											
Repair Estim	ate	-:	\$									***************************************	under state of the second	
Final Repair (Cost	:	5	2,500	.00									
Loss of Use		:	\$	160.	00					3	days at 5	50	per	day
Renta l (if any) NOOMS		\$	120.						3	days at !	40	per	day
LTA / GIA Sea	arch Fee	· · ·	\$	7.	45									
Others:			\$											
		:	\$			T Canada ang an collange ang an	And the second second second second							
Final Settlement Sum			\$	2,777.45										
Payee Name	: CHEW MOT	OR PTE	LTC)	CHARLES WITH M	Particular designation								
Is Third Part	y Workshop GIA Re	gistered?	1] YES	[~]	NO	(Kindl	y indica	te below	')				
A)	For Non GIA Registered Workshop: Agreed Liability 100 (%)				T .
B)	For GIA Registered Workshop:						Applicab	le: Yes/	No BO	LA Sce	enario No):		
	BOLA Liability:(%)					Assessed Liability (*):(%)								
	* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.													
Remarks:														
Commence of the Contract of	The state of the s			***************************************		~			······································					1

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.

Signature of workship representative: Subj. Change Date: 26-6-19

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