



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SKV6333D (Insd veh)	Model: TOYOTA VELLFIRE 2.5 CVT S/R
	SLA2651K (TP veh)	
Date of Accident/ Time:	29/09/2018	

Repair Estimate	: \$		
Final Repair Cost (w/GST)	: \$	1,814.47	
Loss of Use	: \$	500.00	5 days at \$100.00 per day
Rental (if any)	: \$	—	days at \$ per day
LTA / GIA Search Fee	: \$	2.00	
Others:	: \$	—	
Final Settlement Sum	: \$	2,316.67	

Payee Name : CITY AUTO PTE LTD
 Is Third Party Workshop GIA Registered? YES [] NO (Kindly indicate below)

A) For Non GIA Registered Workshop:	Agreed Liability _____ (%)
B) For GIA Registered Workshop:	BOLA Applicable: <input checked="" type="checkbox"/> 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.

CITY AUTO PTE LTD
 Blk 8 Sin Ming Road
 #01-58/60/62 Sin Ming Ind Est
 Singapore 575043
 Tel: 6453 1235 Fax: 6453 7944

Signature of workshop representative / Workshop stamp
 Name of Representative:
 Date:


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

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