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AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:		SJU 1531Z (Insd veh)				
		\rightarrow	FBM 814B (TP veh)	Model:		
Date of Accident/ Time:		02/10/2018				
Repair Estimate		:\$				
Final Repair Cost		:\$	3,221.45			
Loss of Use		:\$		05 days at \$ 20.00 per da		
Rental (if any)		:\$			days at \$ per da	
LTA / GIA Search Fee		:\$	The Book as pinal			
Others:		:\$				
		:\$				
Final Settlement Sum		:\$				
Payee Name :	Ban Hock Hin Co.	Pte Ltd				
	Workshop GIA Regi] YES [] NO	(Kindly indicate below)		
A)	For Non GIA Registered Workshop: Ag			Liability(%)	
в)	For GIA Registered Workshop:		BOLA A	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.
- 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:

Name of Representative: Audrey Tar Date: 20/08/2019 Signature of Witness / Workshop stamp (if applicable)
Name of Witness: Taw Charl Vall

Date: 20/06/2019

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

WITHOUT PREJUDICE to:

(a) Insurers' Subrogated Claim and/or (b) Any Personal Injury Claims (Note: This Notice supersedes any inconsistencies found in the Discharge

AUTHORISATION TO ACT

I/We, William Grover Ashboac (the thir	d party claimant") of Onk SI Sims Drive
I/We, William Grover Ashboac (the thir # 15-136 Smis Vista \$(380051) (address), o	owner of Fam 814 B (vehicle no.) hereby
authorize but How this Go. Are Utd	("the workshop") to act for me with respec
to my claim for repair costs and/or rental and/or FBM8146 that was damaged pursuant to the along Open Carpark of BIK W2 Here	loss of use ("claim") for my vehicle no.
vehicle no/s SJU15312 ("the accident").	
I further authorize the workshop to settle my a deem fit and the workshop is further authorized to claim with payment cheque/s being made in favor	to receive payment further to settlement of my
I further acknowledge that any settlement the without prejudice and without admission of liabit of the other vehicle/s is concerned.	ility basis insofar as the driver/owner/insurers
Dated this 2 4 (day) of August (mo	nth) 20_V(year)
Signed by "the third party claimant"	Signed by "the workshop"
(with company stamp if applicable)	(with company stamp)
without prejudice to: (a) Insurers' Subrogated Claim and/or (b) Any Personal Injury Claims (Note: This Notice supersedes any inconsistencies found in the Discharge	

Voucher)