



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	GBB 8057A (Insd veh)	Model: Toyota Wish (1794cc)
	SJP 9237Y (TP veh)	
Date of Accident/ Time:	28/09/2018	

Repair Estimate	: \$	
Final Repair Cost TOTAL LOSS	: \$	6,200.00
Loss of Use	: \$	12 days at \$ 80.00 per day
Rental (if any)	: \$	days at \$ per day
LTA / GIA Search Fee	: \$	
Others:	: \$	
	: \$	
Final Settlement Sum (Global Sum)	: \$	6,200.00
Payee Name : YEW TEE AUTOMOBILE TECH PTE LTD		
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>5</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: TOTAL LOSS		

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:
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:

WITHOUT PREJUDICE to:
(a) Insurers' Subrogated Claim and/or
(b) Any Personal Injury Claims
[Note: This Notice supersedes any Inconsistencies found in this Discharge Voucher]