



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

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SLF 8224U (Insd veh)	Model:
	SGH 2063E (TP veh)	
Date of Accident/ Time:	12/10/2018 @ 0930 HOURS	

Repair Estimate	: \$	12,515.05	
Final Repair Cost	: \$	4,800.00	8 days at \$ 100 per day
Loss of Use	: \$	800.00	days at \$ per day
Rental (if any)	: \$	-	
LTA / GIA Search Fee	: \$	-	
Others:	: \$	-	
Final Settlement Sum	: \$	5,600.00	

Payee Name : LC AUTOMOTIVE

Is Third Party Workshop GIA Registered? ☐ YES ☒ NO (Kindly indicate below)

A)	For Non GIA Registered Workshop:	Agreed Liability <u>100</u> (%)
B)	For GIA Registered Workshop:	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:		



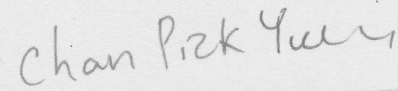
NOTE:


- 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/TORTEASOR 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  Signature of Witness / Workshop stamp (if applicable) 
Name of Representative: _____ Name of Witness: _____
Date: _____ Date: _____

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