



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SME 6177D (Insd veh)	Model: PEUGEOT 5008 ACTIVE PURETECH (1199cc)
	SLW 643G (TP veh)	
Date of Accident/ Time:	13/10/2018	

Repair Estimate	: \$		
Final Repair Cost (w/GST)	: \$	6,688.36	
Loss of Use	: \$	300.00	5 days at \$ 60.00 per day
Rental (if any)	: \$	-	days at \$ per day
LTA / GIA Search Fee	: \$	2.00	
Others:	: \$	-	
	: \$		
Final Settlement Sum	: \$	6,990.36	

Payee Name: Vantage Automotive Ltd

Is Third Party Workshop GIA Registered? [X] YES [] NO (Kindly Indicate below)

A)	For Non GIA Registered Workshop:	Agreed Liability _____ (%)
B)	For GIA Registered Workshop:	BOLA Applicable: Yes / No BOLA Scenario No: _____
	BOLA Liability: _____ (%)	Assessed Liability (*): 100 (%)
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.		

Remarks:

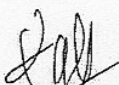
NOTE:


- 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.


Signature of workshop representative / Workshop stamp
Name of Representative:
Date: 24 JUN 2019


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


Signature of AXA's surveyor / representative:
Name of AXA's surveyor / Representative:
Date: 29/6/19