Joy

![AXA logo]

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SGV 3228S	(Insd veh)	Model: TOYOTA HARRIER
	SLH 652J	(TP veh)	
Date of Accident/ Time:	26/10/2018		

Repair Estimate	: $				
Final Repair Cost	: $	5,650.00			
Loss of Use	: $			days at $	per day
Rental (if any)	: $	325.00		5 days at $ 65.00	per day
LTA / GIA Search Fee	: $				
Others:	: $	7.45			
	: $				
Final Settlement Sum	: $	5,982.45			

Payee Name : MOTORICARZ GARAGE

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: 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.
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: