



This Settlement excludes any
bodily injuries arising out of the
above said accident and pertains
to property damage only

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SGY1717U (Insd veh)	Model: KIA OPTIMA 1.7(A) DIESEL
	SHC6884R (TP veh)	
Date of Accident/ Time:	25/10/2018 @ 2140HRS	

Repair Estimate	: \$		
Final Repair Cost	: \$	727.60	
Loss of Use	: \$	60.00	1.5 days at \$ 40 per day
Rental (if any)	: \$	148.95	1.5 days at \$ 99.30 per day
LTA / GIA Search Fee	: \$	2.00	
Others:	: \$		
	: \$		
Final Settlement Sum	: \$	930.00	
Payee Name : PREMIER AUTOMOTIVE SERVICES 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: 15	
	BOLA Liability: 100 (%)	Assessed Liability (*): _____ (%)	
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.			
Remarks:			

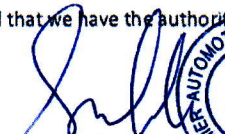
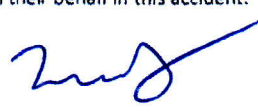
NOTE:


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/TORTEFAOR 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: SHAFAWATI MO KABU Date: 13.01.2020	 Signature of Witness / Workshop stamp (if applicable) Name of Witness: VINCENT CHUA Date: 13.01.2020
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Signature of AXA's surveyor/representative:
Name of AXA's surveyor /Representative:
Date: