



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SLF7034H (Insd veh)	Model: HONDA JAZZ 1.5 VTIR CVT ABS D/AIRBAG 2WD
	SLP6137Z (TP veh)	
Date of Accident/ Time:	13/11/2018	

Repair Estimate	: \$		
Final Repair Cost (WGST)	: \$	23,540.00	
Loss of Use	: \$		days at \$ per day
Rental (if any) (WGST)	: \$	2,568.00	24 days at \$ 100 per day
LTA / GIA Search Fee	: \$	2.00	
Others: (MEDICAL)	: \$	121.00	
	: \$		
Final Settlement Sum	: \$	26,231.00	

Payee Name : FALCON-AIR AUTO SERVICES PTE LTD

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: <input checked="" type="checkbox"/> Yes No BOLA Scenario No: 28
	BOLA Liability: 100 (%)	Assessed Liability (*): 100 (%)
* 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/TORTEASOR 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: <u>Lynn Teo</u> Date: <u>30/09/2019</u>	 Signature of Witness / Workshop stamp (if applicable) Name of Witness: <u>Providence Teh</u> Date: <u>30/09/2019</u>
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Signature of AXA's surveyor/representative:
Name of AXA's surveyor /Representative:
Date: