



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:	SJB8301A (Insd veh)	Model: TOYOTA COROLLA 1.6CVT
	SLR559T (TP veh)	
Date of Accident/ Time:	17/11/2018 @ 1645HRS	

Repair Estimate	: \$	
Final Repair Cost	: \$	647.35
Loss of Use	: \$	250.00
Rental (if any)	: \$	5 days at \$50 per day
LTA / GIA Search Fee	: \$	2.00
Others:	: \$	
Final Settlement Sum	: \$	895.00
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: _____
	BOLA Liability: 50 (%)	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: SHAFAWATI MD RABU
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:

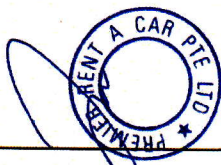
AUTHORISATION TO ACT

I/We, **PREMIER RENT A CAR PTE LTD** ("the third party claimant") of **23 CHANGI SOUTH AVENUE 2 #03-02 SINGAPORE 486443** (address), owner of **SLR 559T** (vehicle no.) hereby authorize **PREMIER AUTOMOTIVE SERVICES PTE LTD** ("the workshop") to act for me with respect to my claim for repair costs and/or rental and/or loss of use ("claim") for my vehicle no. **SLR 559T** that was damaged pursuant to the accident which occurred on **17/11/2018** (date) along **BUKIT TIMAH ROAD** (location) involving vehicle no/s **SJB 8301A** ("the accident").

I/We further authorize the workshop to settle my above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement of my claim with payment cheque/s being made in favour of "the workshop".

I/We further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle/s is concerned.

Dated this 16 (day) of July (month) **2019** (year)



Signed by "the third party claimant"
(with chop if applicable)



Signed by "the workshop"
(with chop)