



## AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SGJ8559S (Insd veh)	Model: TOYOTA CAMRY 2.5 AUTO
	SKU2545R (TP veh)	
Date of Accident/ Time:	19/11/2018 @ 1800HRS	

Repair Estimate	: \$	
Final Repair Cost	: \$	5,740.55
Loss of Use	: \$	660.00
Rental (if any)	: \$	7 days at \$ 80 per day
LTA / GIA Search Fee	: \$	2.00
Others:	: \$	
Final Settlement Sum	: \$	6,302.55
Payee Name : CITY AUTO PTE LTD		
Is Third Party Workshop GIA Registered? [ ] YES <input checked="" type="checkbox"/> NO (Kindly indicate below)		
A)	For Non GIA Registered Workshop:	Agreed Liability <u>100</u> (%)
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/TORTEFEASOR 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.

CITY AUTO PTE LTD

Blk 8 Sin Ming Road  
#01-58/60/62 Sin Ming Ind EstSingapore 575643  
Tel: 6453 1235 Fax: 6453 7944  
(Claims Section)CITY AUTO PTE LTD  
Blk 8 Sin Ming Road  
#01-58/60/62 Sin Ming Ind Est  
Singapore 575643  
Tel: 6453 1235 Fax: 6453 7944  
(Claims Section)Signature of workshop representative / Workshop stamp  
Name of Representative  
Date:Signature of Witness / Workshop stamp (if applicable)  
Name of Witness  
Date:

KOC

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