



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SDS 6393D (Insd veh)	Model: Mercedes Benz E220 (2143cc)
	SHB 6393X (TP veh)	
Date of Accident/ Time:	03/12/2018	

Repair Estimate	: \$	
Final Repair Cost	: \$	days at \$ per day
Loss of Use	: \$	days at \$ per day
Rental (if any)	: \$	
LTA / GIA Search Fee	: \$	
Others:	: \$	
Final Settlement Sum (Global Sum)	: \$	1,080.00
Payee Name : COMFORTDELGRO ENGINEERING PTE LTD		
Is Third Party Workshop GIA Registered? [X] 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: 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:

- PLEASE EXPRESSLY RESERVE YOUR CLIENT'S RIGHTS IF SO REQUIRED IN THIS SETTLEMENT DOCUMENT.
- 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.
- 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: COMFORTDELGRO ENGINEERING PTE LTD
Date: 59 LOYANG DRIVE
SINGAPORE 508969

Signature of Witness / Workshop stamp (if applicable)
Name of Witness: COMFORTDELGRO ENGINEERING PTE LTD
Date: 59 LOYANG DRIVE
SINGAPORE 508969

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

Please forward your cheque made payable to:
COMFORTDELGRO ENGINEERING PTE LTD