



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SJS4971C	(Insd veh)	Model: SUBARU FORESTER-2.0 I-L CVT AWD SR (A)
	SMC8811D	(TP veh)	
Date of Accident/ Time:	04/12/2018		

Repair Estimate	: \$		
Final Repair Cost (W/GST)	: \$	9,080.79	
Loss of Use	: \$	—	days at \$ per day
Rental (if any)	: \$	353.10	3 days at \$ 117.70 per day
LTA / GIA Search Fee	: \$	2.00	
Others:	: \$	—	
	: \$		
Final Settlement Sum	: \$	9,435.89	

Payee Name : MOTOR IMAGE ENTERPRISES 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 <input type="checkbox"/> No BOLA Scenario No: <u>28</u>
	BOLA Liability: <u>100</u> (%)	Assessed Liability (*): <u>0</u> (%)
* 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: JEFFO TEH
Date: 05/12/2019

Signature of Witness / Workshop stamp (if applicable)
Name of Witness: BAJEDINAH ALI
Date: 05/12/2019

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