

AXA THIRD PARTY DIRECT SETTLEMENT

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	JRG1022		(TP veh)	Model: HONDA CBR650	F	
Date of Accident/ Time:	28/11/2018					
Repair Estimate	:\$			2		
Final Repair Cost	:\$	1,302.00	No. 4 - Accessive Contraction of the Contraction of			
Loss of Use	:\$	30.00			1 days at \$	30.00 per day
Rental (if any)	:\$	_			days at \$	per day
LTA / GIA Search Fee	:\$	_				
Others:	:\$	-		-		
	:\$					
Final Settlement Sum	:\$	1,332.00				
Payee Name: HKL LIM TEAM M	OTORSPORT					
Is Third Party Workshop GIA	Registered? [] YES	X) NO	(Kindly indicate below)		

A)	For Non GIA Registered Workshop:	Agreed Liability 100 (%)		
B)	For GIA Registered Workshop:	BOLA Applicable: Yes/ No BOLA Scenario No:		
	BOLA Liability:(%)	Assessed Liability (*):(%)		
	* Assessed Liability to be filled only for chair	collisions and for cases where BOLA does not apply.		

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:

Date:

31/10/2019

Signature of Witness / Workshop stamp (if applicable)

Name of Witness: James Lim

Date: 31/10/2019

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