



redefining / insurance

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SGA 5833S (Insd veh)	Model: Hyundai I40
	SHC 7123Y (TP veh)	
Date of Accident/ Time:	17/12/2018	
Repair Estimate	: S	2,406.49
Final Repair Cost	: S	
Loss of Use	: S	days at \$ per day
Rental (if any)	: S	days at \$ per day
LTA / GIA Search Fee	: S	
Others:	: S	
Final Settlement Sum (Global Sum)	: S	1,680.00
Payee Name: COMFORTDELGRO ENGINEERING 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: <u>27</u>
	BOLA Liability: <u>100</u> (%)	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/TORTEASOR IN ANY MANNER WHATSOEVER.
- AXA RESERVE THEIR RIGHTS OF RECOVERY IN THE EVENT OF FRAUD / MIS REPRESENTATION / MISTAKE / MATERIAL NON DISCLOSURE. AXA ALSO RESERVES THEIR RIGHTS TO WITHDRAW THEIR ACCEPTANCE IN THE EVENT OF ANY INCONSISTENCIES/FRAUD/SUSPECTED FRAUD/MIS REPRESENTATION AND/OR MATERIAL NON DISCLOSURE OF FACTS/MISTAKE(S).

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:

Signature of Witness / Workshop stamp (if applicable)

Name of Witness:

Date:

59 LOYANG DRIVE
SINGAPORE 508969

CLAIMS DEPARTMENT

COMFORTDELGRO ENGINEERING PTE LTD

59 LOYANG DRIVE

SINGAPORE 508969

Signature of AXA's surveyor/representative:

Name of AXA's surveyor/Representative:

Date:

AXA Insurance Pte Ltd (Company Reg. No. 199903512M)

8 Shenton Way, #24-01 AXA Tower, Singapore 068811

Customer Centre #B1-01

Tel: +65 6880 4888 Fax: +65 6338 2522 Website: www.axa.com.sg

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

"The contents of this document apply to vehicle damages only
All personal injuries and damages arising therefrom are excluded
from the ambit and application of this document"