



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SCL1511L (Insd veh)	Model:
	SLW1053C (TP veh)	
Date of Accident/ Time:		

Repair Estimate	: \$		
Final Repair Cost	: \$	4,379.94	
Loss of Use	: \$	400.00	4 days at \$ 100 per day
Rental (if any)	: \$		days at \$ per day
LTA / GIA Search Fee	: \$	2.00	
Others:	: \$		
	: \$		
Final Settlement Sum	: \$	4,781.94	

Payee Name :

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: 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:

- 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:
 Date:

Signature of Witness / **Workshop stamp (if applicable)**
 Name of Witness:
 Date:

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