AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SHC5187B	(Insd veh)	Model:
	S9917CD	(TP veh)	
Date of Accident/ Time:	01/01/2019 @ 1250HRS		

Repair Estimate	: $				
Final Repair Cost	: $				
Loss of Use	: $			days at $	per day
Rental (if any)	: $			days at $	per day
LTA / GIA Search Fee	: $				
Others:	: $				
	: $				
Final Settlement Sum	: $	4,844.46			

Payee Name : PREMIUM AUTOMOBILES 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: 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:

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	Signature of Witness / Workshop stamp (if applicable)
Name of Representative: *Chang Chee Sing*	Name of Witness: *MASTURA OSMAN*
Date: *4 June 2019*	Date: *4/6/19*

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