



A-HN Su Li / 15/01/19

**WITHOUT PREJUDICE to:**  
(a) Insurers' Subrogated Claim and/or  
(b) Any Personal Injury Claims  
[Note: This Notice supersedes any  
Inconsistencies found in this  
Discharge Voucher]

**AXA THIRD PARTY DIRECT SETTLEMENT**

Vehicle No:	SKC 1124Z ✓	(Insd veh)	Model: AUDI TTC 2.0
	SJA 189R ✓	(TP veh)	
Date of Accident/ Time:	01/01/2019 ✓		

Repair Estimate	: \$		
Final Repair Cost	: \$	3,049.50	
Loss of Use	: \$	298.50	days at \$ per day
Rental (if any)	: \$		days at \$ per day
LTA / GIA Search Fee	: \$	2	
Others:	: \$		
	: \$		
Final Settlement Sum (Global Sum)	: \$	3,350.00	
Payee Name : MBM WHEELPOWER PTE LTD			
Is Third Party Workshop GIA Registered? [X] YES [ ] NO (Kindly indicate below)			
A)	For Non GIA Registered Workshop:	Agreed Liability _____ (%)	
B)	For GIA Registered Workshop:	BOLA Applicable: Yes/ <del>No</del> BOLA Scenario No: 22	
	BOLA Liability: 100 (%)	Assessed Liability (*): _____ (%)	
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.			
Remarks:			

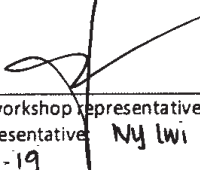
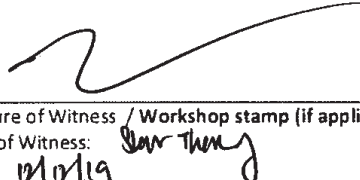
**NOTE:**

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/TORTEASOR 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: <u>Ny Iwi</u> Date: <u>12-12-19</u>	 Signature of Witness / Workshop stamp (if applicable) Name of Witness: <u>Sau Theng</u> Date: <u>12/12/19</u>
--	---

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