



Cecil/19

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SHC 5682M	(Insd veh)	Model: NISSAN QASHQAI
	SBB 1001G	(TP veh)	
Date of Accident/ Time:	21/12/2018 / 15:30		

Repair Estimate	: \$				
Final Repair Cost	: \$	3,310.13	(W/GST)		
Loss of Use	: \$	320.00	4 days at \$ 80.00 per day		
Rental (if any)	: \$		days at \$ per day		
LTA / GIA Search Fee	: \$				
Others:	: \$				
	: \$				
Final Settlement Sum	: \$	3,630.13			
Payee Name : TC AUTOCLINIC 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: ____			
	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/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: Shawn ChuaDate: 19-08-19

Signature of Witness / Workshop stamp (if applicable)

Name of Witness:

Date:

Signature of AXA's surveyor/representative:

Name of AXA's surveyor /Representative:

Date: