



This Settlement excludes any
bodily injuries arising out of the
above said accident and pertains
to property damage only

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SLJ 1495D	(Insd veh)	Model: HYUNDAI I30 GDH 1.6 TCI
	SHD 1175G	(TP veh)	
Date of Accident/ Time:	05/01/2019 03:00		

Repair Estimate	: \$	7,519.65	
Final Repair Cost (W/GST)	: \$	4,871.59	
Loss of Use Token Sum	: \$	300.00	6 days at \$50.00 per day
Rental (if any)	: \$	622.74	6 days at \$103.79 per day
LTA / GIA Search Fee	: \$	2.00	
Others:	: \$		
	: \$		
Final Settlement Sum	: \$	5,796.33	
Payee Name: PREMIER AUTOMOTIVE SERVICES 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: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No BOLA Scenario No: 27	
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: SHAFAWATI MO RABU Date: 06/08/2020   Signature of Witness / Workshop stamp (if applicable) Name of Witness: Date: 06/08/2020	 Signature of AXA's surveyor/representative: Name of AXA's surveyor /Representative: Date: 06/08/2020 MTH
---	--