

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SHB 9943P	(Insd veh)			
	SJJ 2691X	(TP veh)	Model: HONDA CROSSROAD		
Date of Accident/ Time:	31/12/2018 / 22:10				

Remarks:	* Assessed Liability to	be filled o	only for chain col	isions and	for cases v	vhere BO	LA does	not apply.		
	BOLA Liability:	BOLA Liability:(%)			Assessed Liability (*):(%)					
B)	For GIA Registered W	d Workshop:			BOLA Applicable: Yes/ No BOLA Scenario No:					
A)	For Non GIA Registered Workshop:				Agreed Liability(%)					
Is Third I	Party Workshop GIA Registe] YES [] NO	(Kindly i	ndicate b	elow)			
			20,000.00					GLOBAL SUM (ALL-IN)		
P1 - 1 P - 1		:\$								
Others:		:\$								
LTA / GIA	A Search Fee	:\$								
Rental (if any)		:\$						days at \$	per day	
Loss of U	Jse	:\$						days at \$	per day	
Final Rep	pair Cost	:\$								
Repair Es	stimate	:\$								

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 benaff in this active ROAD 4
#06-43 SYNERGY@KB
SINGAPORE 417800
HP: 8618 8474

Signature of workshop representative / Workshop stamp Name of Representative: Signature of Witness / Workshop stamp (if applicable)
Name of Witness:

Date:

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

Date:

Date: