



WITHOUT PREJUDICE to:  
 (a) Insurance 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:	SGF 9818J	(Insd veh)	Model: TOYOTA WSH
	SKL 51J	(TP veh)	
Date of Accident/ Time:	08/01/2019 / 19:30		

Repair Estimate	: \$	32,267.45	
Final Repair Cost	: \$	5,300.00	
Loss of Use	: \$	300.00	12 days at \$ 25.00 per day
Rental (if any)	: \$		days at \$ per day
LTA / GIA Search Fee	: \$	7.45	
Others:	: \$		
	: \$		
Final Settlement Sum	: \$	5,600.00	(global sum)

Payee Name : CHEW MOTOR PTE LTD

Is Third Party Workshop GIA Registered? [ ] YES [X] NO (Kindly indicate below)

A)	For Non GIA Registered Workshop:	Agreed Liability <u>50</u> (%)
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:		

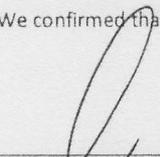
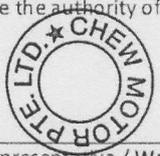
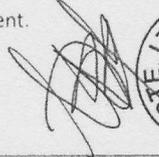
NOTE:

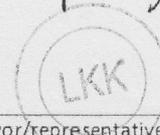
- PLEASE EXPRESSLY RESERVE YOUR CLIENT'S RIGHTS IF SO REQUIRED IN THIS SETTLEMENT DOCUMENT.
- THIS SETTLEMENT IS ON A WITHOUT PREJUDICE BASIS AND SHOULD NOT CONSTRUED AS AN ADMISSION OF LIABILITY ON AXA AND THEIR CLIENT/TORTFEASOR IN ANY MANNER WHATSOEVER.
- AXA RESERVES THEIR RIGHTS UNDER THE POLICY 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>SUKJI CHONG</u> Date: <u>31.7.19</u>	  Signature of Witness / Workshop stamp (if applicable) Name of Witness: <u>REENA HO</u> Date: <u>31.7.19</u>
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WAP  
  
 Signature of AXA's surveyor/representative:  
 Name of AXA's surveyor /Representative:  
 Date: