



### AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SHB 9530Y (Insd veh)	Model: Opel Mokka (1598cc)
	SLQ 506B (TP veh)	
Date of Accident/ Time:	12/01/2019	

Repair Estimate	: \$	10,674.03	
Final Repair Cost (w/GST)	: \$	5,615.90	
Loss of Use	: \$	180.00	3 days at \$ 60.00 per day
Rental (if any)	: \$	-	days at \$ per day
LTA / GIA Search Fee	: \$	7.45	
Others:	: \$	-	
	: \$		
Final Settlement Sum	: \$	5,803.35	

Payee Name : 1st Autoworks 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: 27
	BOLA Liability: 100 (%)	Assessed Liability (*): _____ (%)
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.		
Remarks:		

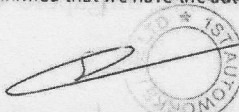
#### NOTE:


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/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: Suhaimi  
Date: 7/8/2019

  
Signature of Witness / Workshop stamp (if applicable)  
Name of Witness: Ranniv  
Date: 7/8/2019

  
Signature of AXA's surveyor/representative:  
Name of AXA's surveyor /Representative:  
Date: 14/8/19

**"SIGNED WITHOUT PREJUDICE FOR  
ANY PERSONAL INJURY CLAIM"**