

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SHC5212L	(Insd veh)		•	 	 	
	SLV2756G	(TP veh)	Model:				
Date of Accident/ Time:	15/01/2019 @ 2015 HOURS						

		- T - A -				T		
Repair Estim	nate	:\$						
Final Repair	Cost	:\$						
Loss of Use		:\$				days at \$	per day	
Rental (if an	у)	:\$				days at \$	per day	
LTA / GIA Se	arch Fee	:\$						
Others:		:\$						
		:\$			**************************************		****	
Final Settlement Sum		:\$	2,086.24					
Payee Name	: SUCCESS UNIT	ED PTE	1		- 	1	**************************************	
Is Third Part	ty Workshop GIA Registe	red?] YES []	NO (Kindly ind	icate below)	3344.254.384.384.484.484.384.384.384.384.484.48	MINISTER ALL THE STATE OF THE S	
A)	For Non GIA Registered Workshop:		Agreed Liability(%)					
В)	For GIA Registered Workshop:			BOLA Applicable: Yes/ No BOLA Scenario No:				
	BOLA Liability:	(%)		Assessed Liability (*	*):	(%)		
	* Assessed Liability to	o be filled	only for chain collisi	ons and for cases wh	ere BOLA doe	es not apply.	"" .	

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 stamp

Date: 4 . 6 10

Name of Representative: SK 8007

Signature of Witness / Workshop stamp (if applicable)

Name of Witness:

Date:

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

Date: