



### AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	GBB5913Z (Insd veh)	Model: KIA SORENTO 2.4(A) SUNROOF
	SLK815R (TP veh)	
Date of Accident/ Time:	22/01/2019 @ 1715HRS	

Repair Estimate	: \$		
Final Repair Cost	: \$	802.50	
Loss of Use	: \$		days at \$ per day
Rental (if any)	: \$	200.00	2 days at \$ 100 per day
LTA / GIA Search Fee	: \$		
Others:	: \$		
	: \$		
Final Settlement Sum	: \$	1,082.50	

Payee Name : HOCK WAH MOTOR WORKSHOP PTE LTD

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

A)	For Non GIA Registered Workshop:	Agreed Liability _____ (%)
B)	For GIA Registered Workshop:	BOLA Applicable: Yes/ No BOLA Scenario No: <u>NIL</u>
	BOLA Liability: _____ (%)	Assessed Liability (*): <u>100</u> (%)

\* 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.

HOCK WAH MOTOR WORKSHOP PTE LTD  
 Blk 8006 Tampines St. 93, #01-204  
 Singapore 528840  
 Tel: 6785 3533 (Lines) Fax: 6788 3933.

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 Blk 8006 Tampines St. 93, #01-204  
 Singapore 528840  
 Tel: 6785 3533 (2Lines) Fax: 6788 3933

Signature of workshop representative / Workshop stamp  
 Name of Representative: DHAN  
 Date: 23/2/19

Signature of Witness / Workshop stamp (if applicable)  
 Name of Witness:  
 Date:



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