



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SMD 3960J	(Insd veh)	Model: HYUNDAI I40
	SHC 8828R	(TP veh)	
Date of Accident/ Time:	07/02/2019 / 08:40		

Repair Estimate	: \$	
Final Repair Cost	: \$	
Loss of Use	: \$	days at \$ per day
Rental (if any)	: \$	days at \$ per day
LTA / GIA Search Fee	: \$	
Others:	: \$	
Final Settlement Sum	: \$	3,060.00 Global Sum (All In)

Payee Name : COMFORTDELGRO ENGINEERING 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: <u>100</u> (%)	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/TORTEFAOR 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: COMFORTDELGRO ENGINEERING PTE LTD
Date: 59 LOYANG DRIVE
SINGAPORE 508969

Signature of Witness / **Workshop stamp (if applicable)**
Name of Witness: COMFORTDELGRO ENGINEERING PTE LTD
Date: 59 LOYANG DRIVE
SINGAPORE 508969

NAZ

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

Please forward your cheque made payable to:
COMFORTDELGRO ENGINEERING PTE LTD