



### AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SLV5028E (Insd veh)	Model: NISSAN URVAN-3.0 D (M)
	GV4113H (TP veh)	
Date of Accident/ Time:	05/02/2019	

Repair Estimate	: \$	
Final Repair Cost (W/GST)	: \$	3,317.00
Loss of Use	: \$	— days at \$ — per day
Rental (if any)	: \$	420.00 7 days at \$ 60.00 per day
LTA / GIA Search Fee	: \$	2.00
Others:	: \$	—
	: \$	
<b>Final Settlement Sum</b>	<b>: \$</b>	<b>3,739.00</b>
<b>Payee Name :</b> JOO HAK KEE AUTO PTE LTD		
Is Third Party Workshop GIA Registered? [ ] YES [X] NO (Kindly indicate below)		
A) For Non GIA Registered Workshop: Agreed Liability — 100 — (%)		
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:**

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/TORTEFEASOR 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: <u>Bridget Poh</u> Date: <u>4/11/19</u>	Signature of Witness / Workshop stamp (if applicable) Name of Witness: _____ Date: _____
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 Signature of AXA's surveyor/representative:  
 Name of AXA's surveyor /Representative:  
 Date: