



### AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SJN133H (Insd veh)	Model: PEUGEOT 5008 ALLURE 1.6 E-THP EAT6
	SLZ331R (TP veh)	
Date of Accident/ Time:	09/07/2019	

Repair Estimate	: \$		
Final Repair Cost (W/GST)	: \$	1,926.00	
Loss of Use	: \$		days at \$ per day
Rental (if any) (W/GST)	: \$	149.80	2 days at \$ 74.90 per day
LTA / GIA Search Fee	: \$	2.00	
Others:	: \$		
	: \$		
Final Settlement Sum	: \$	2,077.80	
Payee Name : AUTOFRANCE			
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/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 representative / Workshop stamp Name of Representative: Date:	 <b>15 OCT 2019</b>	 Signature of Witness / Workshop stamp (if applicable) Name of Witness: <u>Katherine</u> Date:	 <b>15 OCT 2019</b>
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Signature of AXA's surveyor/representative:  
Name of AXA's surveyor /Representative:  
Date: