



The acceptance of this offer is without prejudice to any personal injury claim/insure's claim/expenses

AXA THIRD PARTY DIRECT SETTLEMENT

Vehide No:	SLW 5921X (Insd veh)	Model: Volkswagen Jetta (1595cc)
	SKL 7931Z (TP veh)	
Date of Accident/ Time:	19/02/2019	

Repair Estimate	: \$	<u>5,510.66</u>	
Final Repair Cost (w/GST)	: \$	3,049.50	
Loss of Use	: \$	-	days at \$ per day
Rental (if any) (w/GST)	: \$	642.00	6 days at \$100.00 per day
LTA / GIA Search Fee	: \$	2.00	
Others:	: \$	-	
	: \$		
Final Settlement Sum	: \$	3,693.50	

Payee Name : Movia Automotive 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>28</u>
	BOLA Liability: <u>100</u> (%)	Assessed Liability (*): <u>0</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.

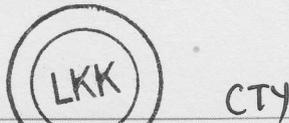
Only applicable to rental claim - All document are to be submitted with this settlement confirmation. In the event, rental agreement / invoices are **not received within 7 days** of this signed confirmation, we will automatically revert to loss of use claim per the NIMA rates.

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.

Signature of workshop representative / Workshop stamp
 Name of Representative: Avril Ho
 Date: 14/5/19

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



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

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