

**WITHOUT PREJUDICE to:**

- (a) Insurance Subrogated Claim and/or
(b) Any Personal Injury Claims

[Note: This Notice supersedes any inconsistencies found in this Discharge Voucher]

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	PH5115M	(Insd veh)	Model:
	SLR5097B	(TP veh)	
Date of Accident/ Time:	07/03/2019 @ 0915HRS		

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	: \$	8,200.00

Payee Name : SM AUTOMOTIVE

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: _____
	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/TORTEASOR 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.

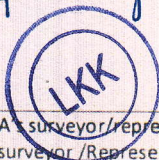
We confirmed that we have the authority of our client to act for and on their behalf in this accident.



Signature of workshop representative / Workshop stamp

Name of Representative: **Sukyi Chong**Date: **04.06.19**

Signature of Witness / Workshop stamp (if applicable)

Name of Witness: **Chew Yee Yin**Date: **04.06.19**

Signature of AXA's surveyor/representative:

Name of AXA's surveyor / Representative:

Date: