

WITHOUT PREJUDICE:

(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)				
	SLR5097B	(TP veh)	Model:	HOWDA V	resel	
Date of Accident/ Time:	07/03/2019 @ 0915HRS					

Final Repair C		:\$						
The state of	Cost	; \$						
Loss of Use		\$	days	at S per day				
Rental (if any	1	. \$	days	at 5 per day				
LTA / GIA Sea	irch Fee	:\$						
Others:		:\$						
C:I C-44I	// ha(0, ne)	:5						
rinai Settiem	ment Sum (Global Sun)	:\$ 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 c	ollisions and for cases where BOLA does not app	ly.				
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 policyhelder/authorised driver/tortfeasor) for any and all losses (past/present/future) arising from this accident.

Signature of workshop representative / Workshop stamp
Name of Representative: Sukuji Chong
Date: 04.06.19

Signature of Witness / Workshop stamp (if applicable)
Name of Witness:
Date: 04.06.19

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

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