

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	XE7754B	(Insd veh)	
	SLT2573C	(TP veh)	Model: TOYOTA PRIUS-1.8 HYBRID CVT (A)
Date of Accident/ Time:	07/03/2019		

Remarks:	* Assessed Liability to	be filled	only for chain collis	ions and for cases where BOLA does not apply.
	BOLA Liability:(%)			Assessed Liability (*): 100 (%)
B)	For GIA Registered Workshop:		:	BOLA Applicable: Yes/No BOLA Scenario No: NIL
A)	For Non GIA Registered Workshop:		shop:	Agreed Liability(%)
	: WORLD AUTO PTE LTD Workshop GIA Register	ed? [[YES [NO (Kindly indicate below)
Final Settlement Sum :\$		16,628.57		
		:\$		
Others:		:\$	_	
LTA / GIA Sear	rch Fee	:\$	2.00	
Rental (if any)		:\$	_	days at \$ per day
Loss of Use		:\$	1,120.00	14 days at \$ 80.00 per day
Final Repair C	ost (W/GST)	:\$	15,506.57	
Repair Estima	te	:\$		

NOTE:

- 1. 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: Gam ping

Date: 4,12,19

Signature of Witness / Workshop stamp (if applicable)

Name of Witness: | Landing 10000 Date: 04 12 2019

Signature of AXA's surveyor/representative:

Name of AXA's surveyor /Representative:

Date:

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