



Without Prejudice
to Injury Claim

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	GBC9511T (Insd veh)	Model:
	SKW9186L (TP veh)	
Date of Accident/ Time:	11/03/2019 @ 1830HRS	

Repair Estimate	\$ 5,815.52	
Final Repair Cost	\$ 3,675.10	
Loss of Use	\$ 300.00	days at \$ per day
Rental (if any)	\$ -	days at \$ per day
LTA / GIA Search Fee	\$ 2.00	
Others:	\$ -	
	\$ -	
Final Settlement Sum	\$ 3,977.10	

Payee Name : EUROKARS HABITAT PTE LTD

Is Third Party Workshop GIA Registered? YES [] NO (Kindly indicate below)

A)	For Non GIA Registered Workshop:	Agreed Liability <u>100</u> (%)
B)	For GIA Registered Workshop:	BOLA Applicable: Yes/ No BOLA Scenario No <u>27</u>
	BOLA Liability: _____ (%)	Assessed Liability (*): _____ (%)

* 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/TORTEASOR 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.

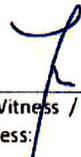
We/I confirmed that this is a **full and final settlement** that we and or our client have/had/has against you (AXA and their policyholder/authorised driver/tortfeasor) for any and all losses (past/present/future) arising from this accident.

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: _____

Date: _____

Signature of Witness / Workshop stamp (if applicable): 

Name of Witness: _____

Date: _____

 MBR

Signature of AXA's surveyor/representative: _____

Name of AXA's surveyor /Representative: _____

Date: _____