



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SHC 5725Z	(Insd veh)	Model: HYUNDAI I40
	SHD 7197D	(TP veh)	
Date of Accident/ Time:	17/03/2019 / 14:00		

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	: \$	2,300.00	Global Sum (All In)

Payee Name : COMFORTDELGRO ENGINEERING PTE LTD

Is Third Party Workshop GIA Registered? [x] 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>24</u>
	BOLA Liability: <u>100</u> (%)	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/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** Signature of Witness / **Workshop stamp (if applicable)**

Name of Representative: **COMFORTDELGRO ENGINEERING PTE LTD** Name of Witness: **COMFORTDELGRO ENGINEERING PTE LTD**

Date: **15-5-19** Date: **15-5-19**

59 LOYANG DRIVE **59 LOYANG DRIVE**

SINGAPORE 508969 **SINGAPORE 508969**

LKK **AWK** **AWK**

Signature of AXA's surveyor/representative: _____

Name of AXA's surveyor /Representative: _____

Date: _____

Please forward your cheque made payable to: COMFORTDELGRO ENGINEERING PTE LTD

*The contents of this document apply to vehicle damages only
All personal injuries and damages arising therefrom are excluded
from the ambit and application of this document!*