

## 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:	SJH 8856J	(Insd veh)			
	SKZ 792E	(TP veh)	Model: TOYOTA HARRIER		
Date of Accident/ Time:	20/03/2019 / 15:10				
		ı			
Repair Estimate	:\$ J6,79	56.05		Americani	
Final Repair Cost (W/GST)	\$ 7,597.0	00			
Loss of Use	\$ 480.6	oô (	6 days at \$ 80.00 per day	¥	
Rental (if any)	.\$		days at \$ per da	Y	
LTA / GIA Search Fee	: \$ 7.4	5			
Others:	:\$				
	:\$				
Final Settlement Sum : \$ 8,000.00		00 /	(global sum)		
Payee Name : Chew Motol	Pto Fed				
Is Third Party Workshop GIA Ro			(Kindly indicate below)		
A) For Non GIA Re	For Non GIA Registered Workshop:		Liability (%)	-	
B) For GIA Registe	For GIA Registered Workshop:		BOLA Applicable: Yes/ No BOLA Scenario No:		
BOLA Liability:	BOLA Liability:		Assessed Liability (*):(%)		
* Assessed Liab	ility to be filled only for ch	nain collisions and fo	or cases where BOLA does not apply.		
Remarks:		-			
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NOTE:			*		
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- 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 policyholder/authorised/driver/tortfeasor) for any and all losses (past/present/future) arising from this accident.

e the authority of our client to act for and Signature of Witness / Workshop Name of Witness: Chill Chew Signature of workship representative / Workshop stamp kshop stamp (if applicable) Name of Representative: Sukui Date: 22-7-19 Date: 22.7.19 Signature of AX esentative: Name of AXA's: esentative: Date: