



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SHD 5185B	(Insd veh)	Model: TOYOTA PRIUS HYBRID 4G
	SH 9850L	(TP veh)	
Date of Accident/ Time:	23/03/2019 / 06:55		

Repair Estimate	: \$	
Final Repair Cost	: \$	
Loss of Use	: \$	
Rental (if any)	: \$	days at \$ per day
LTA / GIA Search Fee	: \$	days at \$ per day
Others:	: \$	
	: \$	
Final Settlement Sum	: \$	1,650.00
		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: 27
	BOLA Liability: 100 (%)	Assessed Liability (*): _____ (%)
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.		
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 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: 
Name of Representative: **COMFORTDELGRO ENGINEERING PTE LTD**
Date: **59 LOYANG DRIVE SINGAPORE 508969**

Signature of Witness / Workshop stamp (if applicable): 
Name of Witness: **COMFORTDELGRO ENGINEERING PTE LTD**
Date: **59 LOYANG DRIVE SINGAPORE 508969**

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