

## **AXA THIRD PARTY DIRECT SETTLEMENT**

Vehicle No:		SKP4936J	SKP4936J					
SLN82		SLN8255M	LN8255M		(TP veh)	Model: BMW 318I-1.5 SEDAN LED NAV (A)		
Date of Accident/ Time: 23/		23/03/201	23/03/2019					
Repair Estimate			:\$					
Final Repair Cost (W/GST)			:\$	5,557.47				
Loss of Use			:\$	120.00			2 days at \$ 60.00 per day	
Rental (if any)			:\$	_			days at \$ per day	
LTA / GIA Search Fee			:\$	2.00				
Others:			:\$	_				
			:\$					
Final Settlement Sum			:\$	5,679.47				
Payee Na	me : OPTIMA WERKZ F	PTE LTD						
Is Third P	arty Workshop GIA	Registered	? [	✓] YES	[ ] NO	(Kindly indicate below)		
A)	For Non GIA	IA Registered Workshop:			Agreed I	Agreed Liability(%)		
B)	For GIA Registered Workshop:				BOLA Ap	BOLA Applicable: Yes/ No BOLA Scenario No: 22		
	BOLA Liability	y:100	(%)		Assessed	Assessed Liability (*):(%)		
	* Assessed Li	ability to be	filled	only for chain	collisions and fo	or cases where BOLA do	es not apply.	

## NOTE:

Remarks:

- 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 / Workshop stamp Name of Representative: Uly Loi

Date: 7/11/2019

Signature of Witness / Workshop stamp (if applicable)//
Name of Witness: Sharen len

Date:

Signature of AXA's surveyor/representative: Name of AXA's surveyor /Representative:

Date: