

WITHOUT PREJUDICE TO: ANY PERSONAL INJURY CLAIMS

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SMJ72K	SMJ72K				
	SLV8202Z		(TP veh)	Model: HONDA CIVIC 1.6 VTI CVT		
Date of Accident/ Time:	04/04/2019					
Repair Estimate						
Final Repair Cost	:\$	2,300.00				
Loss of Use		250.00	. 1		5 days at \$ 50.00 per day	
Rental (if any)	:\$				days at \$ per day	
LTA / GIA Search Fee	:\$	7.45				
Others:	:\$					
	:\$				for the state of t	
Final Settlement Sum		2,557.45				
Payee Name : ASIA MOTORSPO	RTS SOLUTION PTE L	TD	A. 1-11111	Service Transfer of		
Is Third Party Workshop GIA	Registered?	[] YES	[X] NO	(Kindly indicate below)		
A) For Non GIA Registered Workshop:			Agreed I	lability 100 (%), , , , , , , , , , , , , , , , , , ,	
B) For GIA Regi	For GIA Registered Workshop:			BOLA Applicable: Yes/ No BOLA Scenario No:		
BOLA Liabilit	(%)		Assessed	Assessed Liability (*):(%)		
* Assessed Li	ability to be filled	only for chain	collisions and fo	r cases where BOLA doe	es not apply.	

NOTE:

Remarks:

- 1. 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.
- 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: LOO CHENG CHUAN

Date: 13/11/2019

Signature of Witness / Workshop stamp (if applicable)

Name of Witness: CHONG PEK LOONG Date: 13/11/19

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

Date: