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AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SLJ 4954B (Insd veh)	Model: Honda Airwave (1496cc)
	SCQ 23J (TP veh)	
Date of Accident/ Time:	23/04/2019	

Repair Estimate	: \$		
Final Repair Cost (w/GST)	: \$	1,444.50	
Loss of Use	: \$	180.00	3 days at \$ 60.00 per day
Rental (if any)	: \$	-	days at \$ per day
LTA / GIA Search Fee	: \$	7.45	
Others:	: \$	-	
	: \$		
Final Settlement Sum	: \$	1,631.95	

Payee Name : WEI LEE MOTOR WORKS

Is Third Party Workshop GIA Registered? [] YES [X] NO (Kindly indicate below)

A)	For Non GIA Registered Workshop:	Agreed Liability 100 (%)
B)	For GIA Registered Workshop:	BOLA Applicable: Yes/ No BOLA Scenario No: _____
	BOLA Liability: _____ (%)	Assessed Liability (*): _____ (%)
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.		
Remarks:		

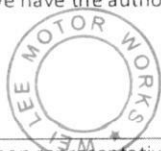
NOTE:

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/TORTEASOR 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.



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Signature of workshop representative / Workshop stamp
Name of Representative: Karen Seah
Date: 21-5-2017

Signature of Witness / Workshop stamp (if applicable)
Name of Witness: Tan Yu Wen
Date: 21-5-19

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