



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SKS 5999E (Insd veh)	Model:
	SHC 8528G(TP veh)	
Date of Accident/ Time:	25/04/2019	

Repair Estimate	: \$	
Final Repair Cost	: \$	
Loss of Use	: \$	days at \$ per day
Rental (if any)	: \$	days at \$ per day
LTA / GIA Search Fee	: \$	
Others:	: \$	
	: \$	
Final Settlement Sum (GLOBAL SUM)	: \$	2,600.00

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: <u>24</u>
	BOLA Liability: <u>100</u> (%)	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 / Workshop stamp
Name of Representative: COMFORTDELGRO ENGINEERING PTE LTD
Date: 15.7.19
CLAIMS DEPARTMENT
59 LOYANG DRIVE
SINGAPORE 508969

Signature of Witness / Workshop stamp (if applicable)
Name of Witness: COMFORTDELGRO ENGINEERING PTE LTD
Date: 15.7.19
CLAIMS DEPARTMENT
59 LOYANG DRIVE
SINGAPORE 508969

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

Please forward your cheque made payable to:
COMFORTDELGRO ENGINEERING PTE LTD