



Cecilia

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SMA 6066L (Insd veh)	Model: HONDA VEZEL
	SLH 30D (TP veh)	
Date of Accident/ Time:	28/04/2019 / 11:50	

Repair Estimate	: \$		
Final Repair Cost	: \$	3,315.80	(WGST)
Loss of Use	: \$	250.00	5 days at \$ 50.00 per day
Rental (if any)	: \$		days at \$ per day
LTA / GIA Search Fee	: \$	2.00	
Others: MEDICAL FEE	: \$	120.00	
	: \$		
Final Settlement Sum	: \$	3,687.80	

Payee Name : TTS EUROCARS PTE LTD

Is Third Party Workshop GIA Registered? YES 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:

- 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.
- 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: **Nataraजन Kavidka Rajan**
 Date: **23/8/19**

Signature of Witness / Workshop stamp (if applicable):  
 Name of Witness: **EUGENE**
 Date: **23/8/19**

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