

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SKV9170L (Insd veh)	
	SKU1281H (TP veh)	Model: VOLKSWAGEN JETTA
Date of Accident/ Time:	27/04/2019	

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Repair Estimate	е	;\$												
Final Repair Co	st (W/GST)	:\$	2,592.49											
Loss of Use		\$	-							da	ys at \$		per d	ay
Rental (if any)		:\$	321,00							3 da	ys at \$	107,00	per d	ay
LTA / GIA Seard	ch Fee	:\$	2.00											
Others:		:\$												
		:\$												
Final Settlement Sum		:\$	2,915,49											
Payee Name :	VOLKSWAGEN CENTRE SINGA	PORE												
Is Third Party V	Norkshop GIA Registere	4? [] YES	[X] r	10	(Kindly	y indic	ate be	low)					
A)	For Non GIA Registered Workshop:			Ag	reed	Liability	1	00	(%)					
B)	For GIA Registered Workshop:			ВС	LA A	pplicab	le: Yes	/No	BOLA	Scena	rio No	;		
	BOLA Liability:(%)			As	Assessed Liability (*):(%)									
	* Assessed Liability to b	e filled	only for chain	collisions	an d fo	or case:	s wher	e BOL	A does	not o	pply.			
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.

GROVP/ SINGAVORE

stamp

Mobile: 812,1 4681
Signature of Witness Favor647op 36AAp (if applicable)
Name of Witrensial: meiy.wong@vw.com.sg

Meiy Wong

Insurance Advisor Tel: 6305 7299 Ext. 216

Date:

Signature of workshop fear sentative / Workshop stamp

Name of Representative

Date:

10/30001

VOLKSWAGEN

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

Date: