



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SJW 8818R (Insd veh)	Model: VOLKSWAGEN : GOLF-1.4 (A)
	SKD 3108C (TP veh)	
Date of Accident/ Time:	06/05/2019	

Repair Estimate	: \$		
Final Repair Cost (WGST)	: \$	14,805.86	
Loss of Use	: \$	840.00	14 days at \$ 60.00 per day
Rental (if any)	: \$		days at \$ per day
LTA / GIA Search Fee	: \$	2.00	
Others: (MEDICAL)	: \$	114.30	
Others : (costing)	: \$	40.00	
Final Settlement Sum	: \$	15,802.16	

Payee Name : VOLKSWAGEN CENTRE SINGAPORE

Is Third Party Workshop GIA Registered? ☒ YES ☐ NO (Kindly indicate below)

A)	For Non GIA Registered Workshop:	Agreed Liability _____ (%)
B)	For GIA Registered Workshop:	BOLA Applicable <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No BOLA Scenario No: <u>NIL</u>
	BOLA Liability: _____ (%)	Assessed Liability (*): <u>100</u> (%)
* 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/TORTEASOR 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: Date:	  Signature of Witness / Workshop stamp (if applicable) Name of Witness: Date:
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Signature of AXA's surveyor/representative:
 Name of AXA's surveyor /Representative:
 Date: