

Vehicle No:

WITHOUT PREJUDICE TO:

(a) insurance Subrogated Claim and/or (b) Any Claims [Note: This Notice supersedes any inconsistencies found in this Discharge Voucher

"The contents of this document apply to vehicle damages only. All personal injuries and damages arising therefrom are excluded from the ambit and application of this document."

AXA THIRD PARTY DIRECT SETTLEMENT

FBF 5816A (Insd veh)

			SLN 2119M (T	P veh)	Model: MAZDA 3	
Date of Accident/ Time:		28/04/2019				
Repair Estimate		:\$	9,407.65			
Final Repair Cost		:\$				(W/GST)
Loss of Use		:\$				5 days at \$120.00per day
Rental (if any)		:\$				5 days at \$66.95er day
LTA / GIA Search Fee		:\$				
Others:		:\$				
		:\$				
Final Settlement Sum		;\$			2,850.00	(GLOBAL SUM)
Payee Name :	PEGASUS EN	GINEER	ING & TRADING P	TE LTD		
Is Third Party Workshop GIA Registered? [] YES [] YES [X]	NO	(Kindly indicate below)	
A) F	For Non GIA Registered Workshop:			Agreed Liability 100 (%)		
B) F	For GIA Registered Workshop:			BOLA Applicable: Yes/No BOLA Scenario No: 27		
В	BOLA Liability:(%)			Assessed Liability (*):(%)		
	Assessed Liability to	be filled	only for chain collisi	ons and f	or cases where BOLA do	es not apply.

NOTE:

Remarks:

- 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 repre hop stamp Name of Representative: Ald

Signature of Witness / Workshop stemp lif applie

Name of Witness: DIAME LIAME 09/04/2020

Date: 09/04/2020

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

Date: 13/04/2020

CTY