

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	FBP 312S (Insd veh)			
	FBG 3380Y (TP veh)	Model:	SYM MAXSYM	(400cc)
Date of Accident/ Time:	30/04/2019			,

Repair Estimate	:\$	3.8	24.18					
Final Repair Cost	:\$							
Loss of Use	:\$		THE CO			4	days at \$80	.00 per day
Rental (if any)	:\$					y > 1	days at \$	per day
LTA / GIA Search Fee	:\$					3 3		
Others:	:\$		M _a s]					
	:\$							
Final Settlement Sum (Global Sum)	:\$	2,500.00		Te access to				
Payee Name: Ban Hock Hin Co	p. Pt	e Ltd				1	Marie Committee	
Is Third Party Workshop GIA Registered		X] YES []	NO	(Kindly in	dicate below	1)		
For Non GIA Registered Workshop:			Agreed	Liability _	(%)		
B) For GIA Registered Workshop:			BOLA Applicable: Yes/ No BOLA Scenario No: <u>27</u>					
BOLA Liability: 100 (%)			Assessed Liability (*):(%)					
* Assessed Liability to be	filled	only for chain collisi	ons and	for cases w	here BOLA de	oes n	ot apply.	
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NOTE:

- PLEASE EXPRESSLY RESERVE YOUR CLIENT'S RIGHTS IF SO REQUIRED IN THIS SETTLEMENT DOCUMENT. 1.
- 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:

16/09/200

Signature of Witness / Workshop stamp (if applicable)
Name of Witness:

00/2020

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

Date: 16/09/2020