



### AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SHF 717P (Insd veh)	Model: MERCEDES-BENZ
	SHD 6595U (TP veh)	
Date of Accident/ Time:	19/05/2019	

Repair Estimate	: \$		
Final Repair Cost	: \$		
Loss of Use	: \$		days at \$ per day
Rental (if any)	: \$		days at \$ per day
LTA / GIA Search Fee	: \$		
Others:	: \$		
Final Settlement Sum (GLOBAL SUM)	: \$	2,400.00	

**Payee Name : COMFORTDELGRO ENGINEERING PTE LTD**

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:  Yes /  No BOLA Scenario No: 27

BOLA Liability: 100 (%) 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: \_\_\_\_\_  
 Date: \_\_\_\_\_

Signature of Witness / **Workshop stamp (if applicable)**  
 Name of Witness: \_\_\_\_\_  
 Date: \_\_\_\_\_

*(Handwritten: 13-8-19)*

*(Workshop Stamp: COMFORTDELGRO ENGINEERING PTE LTD, CLAIMS DEPARTMENT, 59 LOYANG DRIVE, SINGAPORE 508969)*

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

**Please forward your cheque made payable to:  
 COMFORTDELGRO ENGINEERING PTE LTD**

*"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"*