

Vehicle No:

## **AXA THIRD PARTY DIRECT SETTLEMENT**

SKV7201U

venicie ivo:	SKV/2010		(misa ven)	-1				
	SDS84K		(TP veh)	Model:VOLK	Model: VOLKSWAGEN GOLF A7 1.4 TS			
Date of Accident/Time:	Accident/ Time: 08/06/2019 @ 16							
Repair Estimate	:\$				T			
Final Repair Cost	:\$	1,439.05						
Loss of Use	:\$	180.00			3	days at \$60	per day	
Rental (if any)	:\$					days at \$	per day	
LTA / GIA Search Fee	:\$	7.45						
Others:	;\$							
	:\$							
Final Settlement Sum	:\$	1,626.50						
Payee Name : ESTEEM PE	RFORMAN	CE PTE LTD						
Is Third Party Workshop GIA Re				(Kindly indicate b				
A) For Non GIA Registered Workshop:			Agreed	Agreed Liability (%)				
For GIA Registered Workshop:			BOLA A	BOLA Applicable: Yes/ No BOLA Scenario No:				
BOLA Liability: _	(%)		Assesse	Assessed Liability (*):(%)				
* Assessed Liabi	lity to be filled	only for chain col	lisions and j	for cases where BO	LA does n	ot apply.		

## NOTE:

Remarks:

- 1. 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 st Name of Representative: Cours un Lim

Date: 13.03 - 50%

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

Date: 13-07-70 70 .

Kec

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

Date: