



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SMJ3865U (Insd veh)	Model: TOYOTA PRIUS-1.5 (A)
	SJR5862H (TP veh)	
Date of Accident/ Time:	12/06/2019	

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)	: \$	600.00
Payee Name : SIN MING AUTOCARE BFG PTE LTD		
Is Third Party Workshop GIA Registered? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Kindly indicate below)		
A)	For Non GIA Registered Workshop:	Agreed Liability _____ (%)
B)	For GIA Registered Workshop:	BOLA Applicable: Yes/ <input checked="" 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:


1. PLEASE EXPRESSLY RESERVE YOUR CLIENT'S RIGHTS IF SO REQUIRED IN THIS SETTLEMENT DOCUMENT.
2. THIS SETTLEMENT IS ON A WITHOUT PREJUDICE BASIS AND SHOULD NOT CONSTRUED AS AN ADMISSION OF LIABILITY ON AXA AND THEIR CLIENT/TORTEFEASOR IN ANY MANNER WHATSOEVER.
3. 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.


SIN MING AUTOCARE BFG PTE LTD
 179, Sin Ming Drive #02-05
 Sin Ming Autocare Complex
 Singapore 575721
 Tel: (65) 6455 0800
 Fax: (65) 6455 0800
 Signature of workshop representative / Workshop stamp
 Name of Representative: ANSEL TAN
 Date: 11/12/19


 Signature of Witness / Workshop stamp (if applicable)
 Name of Witness: ABDUL HADI BIN ADAM NAWAL
 Date: 11.12.19

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