AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SJL 9193K	(Insd veh)	Model: HYUNDAI : I40
	SHC 2119T	(TP veh)	
Date of Accident/ Time:	15/07/2019		

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)	: $	1850.00		

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: NIL
	BOLA Liability: _____(%)	Assessed Liability (*): 100 (%)
	** 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/TORTFEASOR 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.

Signature of workshop representative / **Workshop stamp**
Name of Representative:
Date:

CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
59 LOYANG DRIVE
SINGAPORE 508969

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

CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
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"

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AXA Customer Centre #01-21/22
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