

This Discharge Voucher applies only to the claimant's claim for his property damage and will not affect his personal injuries claim and/or uninsured losses claim in a later date. Further, the settlement terms herein should not be used as an Evidence to prejudice to the claimant's personal injuries claim and/or other uninsured losses claim arising of the subject matter in this action.

Assessed Liability (

## AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SJY 9008U		(Insd veh)			
	SLR 5118A	LR 5118A		Model: HONDA VEZEL 1.5X CVT		
Date of Accident/ Time:	02/08/2019					
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 Su	m) :\$	8,580.00				
Payee Name : FASTECH AUTO	PTE LTD					
Is Third Party Workshop GIA Reg		] YES	[X] NO	(Kindly indicate be	elow)	
A) For Non GIA Reg	istered Works	hop:	Agreed I	Liability 100	(%)	
B) For GIA Registered Workshop:			BOLA Ar	pplicable: Yes/ No	BOLA Scenario No:	

N	O	Т	E	:

Remarks:

- 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.

\* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.

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

BOLA Liability:

Name of Representative: Date:

03/10/19. TANG JUN ZHONG S8704986H

Signature of Witness / Workshop stamp (if applicable)

Name of Witness:

oslial C: S7709513F

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

Date: