



### AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SMM7054B	(Insd veh)	Model: TOYOTA : HIACE-2.5 (M)
	GBE9446M	(TP veh)	
Date of Accident/ Time:	23/07/2019		

Repair Estimate	: \$		
Final Repair Cost (WGST)	: \$	2,568.00	
Loss of Use	: \$		days at \$ per day
Rental (if any) (WGST)	: \$	385.20	4 days at \$ 90 per day
LTA / GIA Search Fee	: \$	7.49	
Others:	: \$		
	: \$		
<b>Final Settlement Sum</b>	: \$	<b>2,960.69</b>	

Payee Name : FALCON-AIR AUTO SERVICES 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: <input checked="" type="checkbox"/> Yes No BOLA Scenario No: <u>27</u>
	BOLA Liability: <u>100</u> (%)	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: Egeranza Fernando

Date: 10/9/19

Signature of Witness / Workshop stamp (if applicable): 

Name of Witness: FRANCIS NG

Date: 10/09/2019

Signature of AXA's surveyor/representative: \_\_\_\_\_

Name of AXA's surveyor /Representative: \_\_\_\_\_

Date: \_\_\_\_\_