



Without Prejudice  
to our driver's Injury claim

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	GBD 210R (Insd veh)	Model: <del>XXXXXXXXXX</del> HYUNDAI AE IONIQ 1.6
Date of Accident/ Time:	SHB 2120T (TP veh) 15/08/2019	

Repair Estimate	£	15,023.81	
Final Repair Cost (W/GST)	£		
Loss of Token Sum	£		7 days at \$ 50.00 per day
Rental (if any)	£		7 days at \$117.00 per day
LTA / GIA Search Fee	£		
Others:	£		
Final Settlement Sum	£	10,850.00	(GLOBAL SUM)
Payee Name : DING AUTOMOTIVE PTE LTD			
Is Third Party Workshop GIA Registered?   YES   <input checked="" type="checkbox"/>   NO   <input type="checkbox"/> (Kindly indicate below)			
A)	For Non GIA Registered Workshop:	Agreed Liability	100 (%)
B)	For GIA Registered Workshop:	BOLA Applicable: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	BOLA Scenario No: 27
	BOLA Liability: (%)	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      Signature of witness / Workshop stamp (if applicable)  
 Name of Representative: Dd Hachim      Name of Witness: SELCSH/NAH  
 Date: 20/4/2020      Date: 20/04/2020

Signature of AXA's surveyor/representative:  
 Name of AXA's surveyor /Representative  
 Date: 21/04/2020

