

Vehicle No:

AXA THIRD PARTY DIRECT SETTLEMENT

(Insd veh)

Date of Accident/ Time:			SLU2053G (TP veh)			Model: HYUNDAI ELANTRA-1.6 AD GLS (A)			
			17/08/2019						
Repair Estimate		:\$							
Final Repair Cost (W/GST)		:\$	1,065.40						
Loss of Use		:\$	150.00				3 days at \$	50.00 per day	
Rental (if any)		:\$					days at \$	per day	
LTA / GIA Search Fee		:\$	8.00						
Others:		:\$							
		:\$							
Final Settlement Sum		:\$	1,223.40						
Payee Na	ame : SPECIALISTS MOTOR P	TE LTD							
Is Third P	arty Workshop GIA Regi	stered? [✓] YES [] NO	(Kindly indicate	ate below)			
A)	For Non GIA Registered Workshop:			Agreed	Agreed Liability(%)				
В)	For GIA Registered Workshop:			BOLA A	BOLA Applicable: Yes No BOLA Scenario No: 27				
	BOLA Liability: <u>100</u> (%)			Assesse	Assessed Liability (*):(%)				
	* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.								
Pomarks:									

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.

Signature of Witness / Workshop stamp (if applicable)

Name of Witness: Tham Hui Lin

Date: 20/10/19

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 Lun

Name of Representative: Date: 11-10-2019

LKK

CKS

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

Date: