AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SJQ8446A (Insd veh)	Model: VOLKSWAGEN CADDY
	SLV9370P (TP veh)	
Date of Accident/ Time:	26/08/2019	

Repair Estimate	: $	4,793.65	
Final Repair Cost	: $		
Loss of Use	: $		5 days at $ 50.00 per day
Rental (if any)	: $		days at $ per day
LTA / GIA Search Fee	: $		
Others:	: $		
	: $		
Final Settlement Sum	: $	4,300.00	(GLOBAL SUM)

Payee Name : SNG AH TEE MOTOR & PANEL SERVICE PTE LTD

Is Third Party Workshop GIA Registered? [ ] YES [X] NO (Kindly indicate below)

A) For Non GIA Registered Workshop: Agreed Liability 100 (%)

B) For GIA Registered Workshop: BOLA Applicable: Yes/ ~~NO~~ BOLA Scenario No: 27

BOLA Liability: 100 (%) Assessed Liability (*): _____ (%)

** 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.

SNG AH TEE MOTOR & PANEL SERVICE PTE LTD
BLK 3 PIONEER ROAD NORTH #01-18
SINGAPORE 628457
TEL : 6268 6183 FAX : 6268 1429

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

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

LKK MPB

Signature of AXA's surveyor/representative:
Name of AXA's surveyor /Representative:
Date: 11/08/2020