



AXA THIRD PARTY DIRECT SETTLEMENT

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|-------------------------|------------|------------|--|
| Vehicle No: | SHD9703E | (insd veh) | Model: AUDI A3 SEDAN 1.4 TFSI (AMBIENTE) |
| | SLC965H | (TP veh) | |
| Date of Accident/ Time: | 05/10/2019 | | |

| | | | |
|---|------|--|--------------------|
| 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 Sum) | : \$ | 1,500.00 | |
| Payee Name: ZOOM AUTOWERKS PTE LTD | | | |
| Is Third Party Workshop GIA Registered? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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: _____ | |
| BOLA Liability: _____ (%) | | Assessed Liability (*): _____ (%) | |
| * Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply. | | | |
| Remarks: | | | |


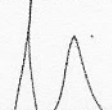
NOTE:

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/TORTEASOR 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.

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|--|---|
|  Signature of workshop representative / Workshop stamp Name of Representative: _____ Date: _____ |  Signature of Witness / Workshop stamp (if applicable) Name of Witness: (ai gianwen, Elin) Date: _____ |
| Signature of AXA's surveyor/representative: Name of AXA's surveyor /Representative: _____ Date: _____ | |