

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	YN 6392J (Insd veh)	***************************************		number control
	JRQ 3816 (TP veh)	Model:	Yamaha (150cc)	
Date of Accident/ Time:	05/10/2019			

	* Assessed Liability to b	e filled o	only for chain colli	ions and for cas	es where BO	LA does not ap	ply.		
	For GIA Registered Workshop: BOLA Liability:(%)			BOLA Applicable: Yes/ No BOLA Scenario No: Assessed Liability (*):(%)					
в)									
A) .	For Non GIA Registered Workshop:			Agreed Liability(%)					
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	JEC Auto Service orkshop GIA Registere	d? [	] YES [	NO (Kin	dly indicate b	elow)		***************************************	
······································	t Sum (Global Sum)	:\$ 1,200.00							
		:\$		3,723,313,513,723					
Others:		:\$							
LTA / GIA Search	Fee	:\$							
Rental (if any)		:\$				day	s at \$	per day	
Loss of Use	**************************************	:\$				day	s at \$	per day	
Final Repair Cos		:\$	······································	***************************************			Xucceccocorreccerorrecente	***************************************	
Repair Estimate		:\$							

## NOTE:

- 1. 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 of 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: JEC AUTO SERVICE Date: 20/10/21

Signature of Witness / Workshop stamp (if applicable)

Name of Witness: (HEAH GIM XIAN) Date: 20/10/21

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

Date: 21/10/2021