

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SJM1606P .	(Insd veh)		
	SLQ1622S	(TP veh)	Model: BMW 7301 M SPORT LED SR NAV HUD		
Date of Accident/ Time:	16/10/2019				
d1-00-00-00-00-00-00-00-00-00-00-00-00-00				*	
Repair Estimate	1:5				
Final Repair Cost	: Ś	. 6.600.00			

Repair Est	rimate	:\$					
Final Repa		:\$. 6,600,00				
Loss of Us	***************************************	:\$	_		days at \$	per day	
Rental (if		:\$	720.00		6 days at \$120.00	per day	
	Search Fee	:\$	7.45				
Others:		:\$	y ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;				
	**************************************	:\$	***************************************				
Final Settlement Sum		:\$;\$ 7,327.45 ·				
Is Third P	arty Workshop GIA Registe	red? [) YES [X]	NO (Kindly indicate below Agreed Liability 100 (9			
A) .	For Non GIA Register	rea works	snop:	Agreed Liability			
B)	For GIA Registered Workshop:			BOLA Applicable: Yes/ No BO	_A 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:

- 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.
- 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 accidence

Signature of workshop stamp
Name of Representative:
Date:

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