

Vehicle No:

AXA THIRD PARTY DIRECT SETTLEMENT

EH 66J (Insd veh)

		JRQ 5443 (TP veh)			Model: HONDA	Model: HONDA AFS		
Date of Accident/ Time:			22/11/2	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		:\$			1,090.00	(GLOBAL SUM)	
Payee Na	ame: S9 MOTO	R TRADING F	TE LTD					
Is Third P	Party Workshop GIA Reg	istered? [] YES	[X] NO	(Kindly indicate belo	ow)		
A)	For Non GIA Registered Workshop:			Agreed	d Liability100	_(%)		
В)	For GIA Registered Workshop:			BOLA	BOLA Applicable: Yes/ No BOLA Scenario No:			
	BOLA Liability:(%)			Assess	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.

Signature of workshop representative / Workshop stamp

Name of Representative: Date: W 6 N W

ABT

Name of Witness:

Signature of Witness / Workshop Stamp (if applicable)

Name of 'Date:

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

Date:

Provided always that this discharge of my claim for damages relating to the damage to my vehicle shall not prejudice or affect or preclude me from making a further claim for general and special damages for my personal injuries sustained in the same accident.