



"My execution of this Discharge Voucher is only for my claim for property damage and not prejudicial to any other claims"

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SMH 5644M	(Insd veh)	Model: B.M.W. 520I 2.0L AT D/AB 2WD 4DR GAS/D NAV
	SKE 548E	(TP veh)	
Date of Accident/ Time:	03/02/2020 11.00		

Repair Estimate	.\$	45,826.45	
Final Repair Cost	.\$		
Loss of Use	.\$		days at \$ per day
Rental (if any)	.\$		10 days at \$180.00 per day
LTA / GIA Search Fee	.\$		
Others:	.\$		
Final Settlement Sum	.\$	17,900.00	(GLOBAL SUM)
Payee Name: VISION AUTOWORK PTE LTD			
Is Third Party Workshop GIA Registered? [] 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/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: <u>Fei Jing Yi</u> Date: <u>04/09/20</u>	 Signature of Witness / Workshop stamp (if applicable) Name of Witness: <u>Chua Per Jit</u> Date: <u>04/09/20</u>
 Signature of AXA's surveyor/representative Name of AXA's surveyor /Representative: Date:	