

"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:	GBE 2971J (Insd veh)	
	SLF 8293U (TP veh)	Model: TOYOTA AXIO
Date of Accident/ Time:	05/02/2020	

irchail rai	imate	:\$	22,438.44			
Final Repa	ir Cost	:\$,			
Loss of Us	e	:\$			days at \$	per day
Rental (if	any)	: \$			12 days at \$100.00	per day
LTA / GIA	Search Fee	: \$				
Others:		:\$				
		: \$				
Final Settlement Sum		:\$		\$11,300.00	(GLOBAL SU	M)
	me: DYNAMIC arty Workshop GIA Regis		RK PTE LTD	NO (Kindly indicate below)		
Is Inird P	arty workshop on hegis		., .,			
	For Non GIA Regist			Agreed Liability 100 (%)	
A) B)		tered Workshop		Agreed Liability 100 (% BOLA Applicable: Yes/ No BOL		
A)	For Non GIA Regist	tered Workshop			A Scenario No: <u>27</u>	
۹)	For Non GIA Regist For GIA Registered BOLA Liability:	tered Workshop: (%)	p:	BOLA Applicable: Yes/ No BOL	A Scenario No: <u>27</u> (%)	

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.
- 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.

Signature of Witness / Workshop stamp (if applicable)

Name of Witness: China For Dit

Date: 04/05/20

We confirmed that we have the authority of our piret to act for and on their behalf in this accident.

Signature de Workshop representative / Workshop IND

Name of Representative te inc

Date: 0+ 0x 2

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

Date:

Telephone: +65 6880 4888 - axa.com.sg