

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SKC194R (Insd veh)		
	SHD9570X	(TP veh)	Model:CHEVROLET EPICA 2.0 DSL
Date of Accident/ Time:	11/05/2014 @ 1140HRS		

Repair Esti	mate	:\$	12,422.05		
Final Repai	r Cost	:\$	3.638.00		
Loss of Use	Token Sum	:\$		days at \$ per day	
Rental (If a	ny)	:\$	609.90	5 days at \$121.98er day	
LTA/GIAS	earch Fee	:5	6.00		
Others:		:\$			
		:\$			
Final Settlement Sum		:\$	4,200.00	(GLOBAL SUM)	
	ne : TRANS-CAB AU rty Workshop GIA Registe	The second second second	RVICES PTE LTD 7 YES [] NO (Kindly indicate)	below)	
A)	For Non GIA Registered Workshop:		shop: Agreed Liability	Agreed Liability(%)	
3)	For GIA Registered V	Vorkshop	BOLA Applicable: Yes/No	BOLA Scenario No: NIL	
	BOLA Liability: 100 (%)		Assessed Liability (*):	Assessed Liability (*): 100_00 1%)	
	* Assessed Liability to	o be filled	only for chain collisions and for cases where BC	DLA does not apply.	

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

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. O SEAL

> Tel: 62876666

KSC

Signature of workshop representative / Workshop stamp

Date:

Name of Representative: Amount 03/04/20

Signature of Witness / Workshop stamp (if applicable)

Name of Witness: Kek Zhewej Date: 03/04/2020.

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

Date: 14/04/2020