

## **AXA THIRD PARTY DIRECT SETTLEMENT**

Vehicle No:	SGX 5241D (Insd veh)	
	SKB 7855M (TP veh)	Model: Toyota Corolla (1598cc)
Date of Accident/ Time:	15/02/2020	

Repair Esti	mate	:\$	12,	123.99					
Final Repa	ir Cost	:\$					-		
Loss of Use	2	:\$						days at \$	per day
Rental (if a	any)	:\$						7 days at \$100	0.00per day
LTA / GIA S	Search Fee	:\$							
Others:		:\$							
		:\$							
Final Settlement Sum (Global Sum)		:\$	3,950.00						
	me: Speed Auto Work		-1						
	arty Workshop GIA Registered		] YES [X]	NO	(Kindly	ndicate b	pelow)		
Is Third Pa			.,						
	For Non GIA Registered			Agreed	Liability	100	(%)		
Is Third Pa A) B)		Works	hop:				THE PARTY OF THE P	Scenario No:	
A)	For Non GIA Registered	Works	hop:	BOLA A	pplicable		BOLA		
A)	For Non GIA Registered For GIA Registered World	Worksl kshop: (%)	hop:	BOLA A	pplicable d Liabilit	: Yes/ No y (*):	BOLA 0	Scenario No:	

## 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: Susa-

Date: 14/04/20

Signature of Witness / Workshop stamp (Papplicable) Bow

Name of Witness:

Signature of AXA's surveyor/representative: Name of AXA's surveyor /Representative: Date: 15/04/2020