

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SJL7912R	(Insd veh)	
	SHD5264G	(TP veh)	Model:TOYOTA WISH (A)
Date of Accident/Time:	22/07/2013 @ 08	55HRS	

vehall co	timate	:\$		
Final Rep	air Cost	:\$	1,872.60	
Loss of U	- Income	:\$	150,00	3 days at \$්රෙ per day
Rental (if	any)	:\$	188.90	3 days at \$96.30er day
LTA / GIA	Search Fee	:\$	6.00	
Others:	1 .	:\$		Rugor Communication (Inc.) (In
		:\$		
Final Set	lement Sum	:\$	2,300.00	
	me: TRANS-CAB AU			below)
	arty Workshop GIA Registe	ered?	YES [] NO (Kindly indicate	
Is Third F	arty Workshop GIA Registe	ered? red Work	Shop: Agreed Liability	
Is Third F	arty Workshop GIA Registe For Non GIA Registe	ered? red Work Workshop	Shop: Agreed Liability BOLA Applicable: Yes/	(%)
Is Third F	For Non GIA Registe For GIA Registe For GIA Registered V BOLA Liability:	ered? red Work Workshop (%)	Shop: Agreed Liability BOLA Applicable: Yes/	(%) BOLA Scenario No: HIL (%)

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.

O SER

62876666

Signature of workshop representative / Workshop
Name of Representative: Amanda Tay

Date:

20103/20

KOC

Signature of Witness / Workshop stamp (if applicable)

Name of Witness: IRGN TIMES

Date

2 0 MAR 2020

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

Date: