

AXA THIRD PARTY DIRECT SETTLEMENT

| Vehicle No: | | SHC 5980C (Insc | | | | N 13 4 | 1050 (0100) | | |
|-----------------------------------|------------------------------|------------------------------------|---------------------------|---|----------------------------|---------------|----------------------------|---------|--|
| | | GBE 2665T (TP veh) Model: Nissan N | | | | | 350 (2488cc) | | |
| Date of Accident/ Time: | | | 13/03/2020 | | | | | | |
| | | | | | | | | | |
| Repair Estimate | | :\$ | 695.50 | | | | | | |
| Final Repair Cost | | :\$ | | | | | | | |
| Loss of Use | | :\$ | | | | | 2 days at \$ 90.00 per day | | |
| Rental (if any) | | :\$ | | | | | days at \$ | per day | |
| LTA / GIA Search Fee | | :\$ | | | 15 See 7- | 100 | | | |
| Others: | | :\$ | | | | | | | |
| | | :\$ | | | | | | | |
| Final Settlement Sum (Global Sum) | | :\$ | 400.00 | | | | | | |
| Payee Name : Esteem F | Performance | e Pte | Ltd | | | | 10.00 | | |
| Is Third Party Workshop (| GIA Registered | ? | [X] YES [] N | 10 | (Kindly indicate | below) | | | |
| For Non GIA Registered Workshop: | | | | reed | Liability | (%) | | | |
| For GIA Re | For GIA Registered Workshop: | | | BOLA Applicable: Yes/ No BOLA Scenario No: 15 | | | | | |
| BOLA Liab | BOLA Liability: 100 (%) | | | | Assessed Liability (*):(%) | | | | |
| * Assessed | d Liability to be | filled | only for chain collisions | and fo | or cases where B | OLA doe | s not apply. | | |

NOTE:

Remarks:

- 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.

KSC

ELTO

Signature of workshop representative / Workshop stamp

LKK

Date: 16-04-7070

Signature of Witness / Workshop stamp (if applicable)

Name of Witness: JM LM.

Date: 16-04-2020.

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

Date: 17/04/2020

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