

WITHOUT PREJUDICE TO: ANY PERSONAL INJURY CLAIMS

6 days at \$100.00per day

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:		SKH 2266P (Insd veh)				
		SKE 4073G (TP veh)	Model: HYUNDAI ELANTRA			
Date of Accident/Time:		24/06/2020	1			
Repair Estimate	:\$	10,712.52				
Final Repair Cost	:\$					
Loss of Use	:\$		days at \$ per day			

Final Settle	ment Sum	:\$					3600.00	(GLOBAL SUM)		
Payee Nam	e: ASIA MOTORS	PORTS	SO	LUTION	N PTE L	TD				
Is Third Part	ty Workshop GIA Registere	d? [1	YES	[X]	NO	(Kindly indicate below	w)		
A)	For Non GIA Registered Workshop:					Agreed Liability 100 (%)				
B)	For GIA Registered Workshop:					BOLA Applicable: Yes/NO BOLA Scenario No: 27				
	BOLA Liability:(%)					Assessed Liability (*):(%)				
	* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.									
Remarks:				A CONTRACTOR OF	,		***************************************			

NOTE:

Rental (if any)

Others:

LTA / GIA Search Fee

- 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.

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

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Signature of workshop representate (Workshop stam)
Name of Representative: LOO CHENG CHYAN

Date: 30/7/2020

10 6.14/1/

CKS

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

Date:

Signature of Witness / Workshop stamp (if applicable)
Name of Witness: CHONG PEK LOONG
Date: 30/7/2020

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