



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	FBN 4811C (Insd veh)	Model: KIA CERATO
	SJQ 8023Z (TP veh)	
Date of Accident/ Time:	26/05/2021	

Repair Estimate	: \$		
Final Repair Cost	: \$	2,113.25	W/GST
Loss of Use	: \$		days at \$ per day
Rental (if any) W/GST	: \$	374.50	7 days at \$107.00 per day
LTA / GIA Search Fee	: \$	7.45	
Others:	: \$		
	: \$		
Final Settlement Sum	: \$	2,495.20	
Payee Name : BIFROST AUTO PTE LTD			
Is Third Party Workshop GIA Registered? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (Kindly indicate below)			
A)	For Non GIA Registered Workshop:	Agreed Liability <u>50</u> (%)	
B)	For GIA Registered Workshop:	BOLA Applicable: <u>Yes</u> No BOLA Scenario No: _____	
	BOLA Liability: _____ (%)	Assessed Liability (*): _____ (%)	
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.			
Remarks:			



NOTE:

- 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.
- 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:  

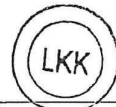
Name of Representative: MOHAMMAD NUR HAFIDZ

Date: _____

Signature of Witness / Workshop stamp (if applicable): 

Name of Witness: DEANUS ANF.

Date: _____

 LTK

Signature of AXA's surveyor/representative:

Name of AXA's surveyor /Representative:

Date: _____

my execution of this Discharge Voucher is only for my claim for property damage and not prejudicial to any other claims arising from the same accident.