

## **AXA THIRD PARTY DIRECT SETTLEMENT**

Vehicle No:	SLA 1874R (Insd veh)	** * * TOVOTA !!! A OF OO *******************************			
Date of Accident/ Time:	PZ 955T (TP veh) 14/01/2019	Model: TOYOTA HIACE COMMUTER GL 3.0			

Repair Es	timate	:\$							
Final Rep	air Cost W/GST	:\$	354.44						
Loss of U		:\$	100.00					days at S	per day
Rental (if	any)	:\$:			***************************************			days at \$	per day
LTA / GIA	Search Fee	:\$	7.45						
Others:		:\$							
		:\$				•			•
Final Settlement Sum		:\$	461.89	•					
Pavee Na	me: Crown Asia E	Rus Builde							
	arty Workshop GIA Regi			NO	(Kindly i	ndicate l	selow)		
A}	For Non GIA Registered Workshop:			Agreed Liability 50 (%)					
B)	For GIA Registered Workshop:		BOLA A	pplicable	Yes/ No	BOLA	Scenario No:		
	BOLA Liability:	BOLA Liability:(%)			Assessed Liability (*):(%)				
	* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.								ļ
	* Assessed Liability	r to be jilled oli	iy joi chain coms	ן שווט כווטו	0/ [0363	riicie be	rem woes	посиррку.	- 1

## 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.
- 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 reprojective Workshop stamp

Name of Representative: Date: 10/08/2021

Signature of Witness / Workshop stamp (if applicable)
Name of Witness: SIMTIV

Date: 10/08/2012

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

Date: 10/08/2022