

## AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:				
	SMW 1420P (Insd veh) SKU 3795D (TP veh) 24/08/2021			
Date of Accident/ Time:			Model: TOYOTA PRIUS C 1.5 HYBRID	
oute of Accidenty Time:				
Repair Estimate	:\$			
Final Repair Cost	:\$	1,050.00		
Loss of Use	:5	1,030.00		
Rental (if any)	:\$	300.00		days at \$ per da
.TA / GIA Search Fee	:\$	300.00		3 days at \$ 100 per da
Others:	:\$	7.45		
	:\$	7.45		
inal Settlement Sum	:\$	1057.15		
lavee Name : LIM VEW DOO O		1,357.45		
ayee Name : LIM YEW BOO SI	PRAYP	AINT CO		
Third Party Workshop GIA Register	red? [	YES [X] NO	Kindly indicate bel	(aw)
For Non GIA Register	n al 182 - 1 - 1			
		nop: Agreed Li	ability 100	(%)
For GIA Registered W	orkshop:	BOLA Apr	dicable: Ves / No.	
BOLA Liability:(%)			BOLA Applicable: Yes/ No BOLA Scenario No:	
		Assessed	Liability (*):	(%)
* Assessed Liability to	be filled o	nly for chain collisions and for	cases where BOLA	dosassa
narks:			COSCS WHERE BOLA	does not apply.

## NOTE:

- 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.
- 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

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: Welle Lum

Date:

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

Date:

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