



redefining / insurance

AA01409-304

CLAIM REF : C0317918
INSURED : COURINE DOMINIQUE MICHEL

DISCHARGE VOUCHER

We, **Trans-Cab Auto Services Pte Ltd** confirm that by letter of authorisation dated _____, we are authorised to and do hereby give this discharge for ourselves and on behalf of **Trans-Cab Auto Services Pte Ltd** and the Hirer, _____ of vehicle no. **SHD 9449P**.

Now we **Trans-Cab Auto Services Pte Ltd** for ourselves and the said Hirer and the driver jointly and severally:-

- agree to accept the sum of Singapore Dollars Two Thousand Five Hundred Seventy only (S\$2,570.00) in the aggregate in full and final settlement of all claims of whatever kind including damages for personal injuries and/or damage to property that all and any of us may have against **AXA INSURANCE PTE LTD** and/or their Insured and/or the driver of vehicle no **SKK 5350T** arising out of an accident with **SHD 9449P** on **25/09/2014**.
- declare that **AXA INSURANCE PTE LTD** and/or their Insured and/or the driver of the Insured vehicle shall not be liable for any further claim(s) whatsoever or howsoever present or future that any of us may have against **AXA INSURANCE PTE LTD** and/or their Insured and/or the driver of vehicle no. **SKK 5350T** arising directly/indirectly as a consequence of the accident and hereby give our full and final discharge.
- We hereby declare that I/we am/are the person(s) entitled to receive the above settlement and hereby undertake to indemnify **AXA INSURANCE PTE LTD** against any claim made or to be made in respect of this settlement.

It is understood and agreed that payment herein is made in favour of **Trans-Cab Auto Services Pte Ltd** is made without any admission of liability whatsoever on the part of **AXA INSURANCE PTE LTD** and/or their Insured and/or the driver of vehicle no. **SKK 5350T**.

Dated this 15 day of JAN 2017

Signed by _____
(AUTHORISED SIGNATORY)

Company Stamp _____

Witness : JASMINE TAN SIEW KIM
S74056361

Name : _____

I/C No : TRANS-CAB AUTO SERVICES PTE LTD

Address : No. 2 Ang Mo Kio Street 63

Singapore 569111

Tel: 6287 6666 Fax: 6287 7764

AXA Insurance Pte Ltd (Company Reg. No. 199903512M)
8 Shenton Way, #24-01 AXA Tower, Singapore 068811
Customer Centre #B1-01
Tel: +65 6880 4888 Fax: +65 6338 2522 Website: www.axa.com.sg