

Provided always that this discharge of my claim for damages relating to the damage to my vehicle shall not prejudice or affect my further claim for general and special damages for my personal injuries sustained in the same accident.

CLAIM REF : S8M007EJ

INSURED: CHUA THIAM POH

## **DISCHARGE VOUCHER**

We/I, <u>LOW CHERN</u>, NRIC. NO.<u>S8913168E</u> hereby agree to accept the sum of dollars <u>THREE THOUSAND FOUR HUNDRED FIFTY SEVEN AND CENTS FORTY FIVE ONLY</u> (\$\$3,457.45) paid to us/me by **AXA INSURANCE PTE LTD** as full and final settlement of all claims of whatever kind including damages for personal injuries and damages to property that we/I may have against the said **AXA INSURANCE PTE LTD** or their Insured or the driver of motor vehicle no. <u>SKS 864T</u> as a result of an accident along <u>LORNIE ROAD TOWARDS PIE</u> on <u>18/01/2018</u> of which we/I were/was the driver/owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. <u>SLG 4896B</u>.

We/I hereby declare that the said insurer or owner and/or driver of insured vehicle shall not be liable for any further claim(s) whatsoever and whosoever present or future that we/I may have against the said Insurer, owner and/or driver of vehicle no. **SKS 864T** in connection directly or indirectly with the said accident and give our/my full and final discharge.

We/I hereby declare that we/I are/am 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 without admission of liability whatsoever on the part of the said insurer, owner and/or driver of vehicle no. **SKS 864T**.

Dated this	day of	2018
Claimant's Signature		
Claimant 3 Signature		
NRIC no./ Company Stamp	:	
Occupation/ Business	:	
Address	:	
Telephone No.	: STION PIC	
Witness's Name	* 3 30 10 10 10 10 10 10 10 10 10 10 10 10 10	
Witness's Signature	:	
Witness's NRIC No.	:	