



redefining / insurance

CLAIM REF : 58M00715
INSURED : MOHAMED IBRAHIM G/O MOHAMED ARTHAM

DISCHARGE VOUCHER

We/I [AILEEN LAEMONTA , NRIC NO. S82733941I] hereby agree to accept the sum of dollars [FOUR THOUSAND THREE HUNDRED FORTY AND CENTS FOURTEEN ONLY] (\$S 4,340.14) 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. [SGQ 6506 X] as a result of an accident along [CTE (BUKIT TIMAH EXIT) TOWARDS KK HOSPITAL] on [19/01/2018] of which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. [SKL 1368 P].

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. SGQ 6506 X 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. SGQ 6506 X.

Dated this 26 day of JULY 2018

Claimant's Signature : x 

NRIC no./ Company Stamp : S8273394I

Occupation/ Business : _____

Address : 72 FLORA ROAD #03-24 SINGAPORE 506915

Telephone No. : +659749 4934

Witness's Name : LIM KEE SIANG

Witness's Signature : 

Witness's NRIC No. : G8552569M

