



redefining / insurance

CLAIM REF : S8M007U8
INSURED : RAMAIAR SUBRAMANIAN MURALIDARAN

DISCHARGE VOUCHER

We/I, **HHH LEASING**, CO.REG.NO. **53336713A** hereby agree to accept the sum of dollars **TWO THOUSAND ONE HUNDRED ONLY (\$2,100.00)** 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. **SKC 1695S** as a result of an accident along **YISHUN AVENUE 1** on **25/01/2018** of which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. **SLN 747M**.

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. **SKC 1695S** 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. **SKC 1695S**.

Dated this _____ day of _____ 2018

Claimant's Signature : _____

NRIC no./ Company Stamp : _____

Occupation/ Business : _____

Address : _____

Telephone No. : _____

Witness's Name : _____

Witness's Signature : _____

Witness's NRIC No. : _____



ETHICARZ PTE LTD

56 Loyang Way #04-04

Loyang Enterprise Building

Singapore 508775

Main: 6384 4404 Fax: 6384 0444

Email: reporting@ethicarz.sg