

AH LIM MOTOR COMPANY

No. 10 Ang Mo Kio Ind. Park 2A #01-09 AMK Autopoint Singapore 568047
TEL: 6483 1244 (4 lines) FAX: 6483 6170 Email: ahlimmc@singnet.com.sg
GST:M9-0009639-E RCB NO:06470300B

Our Ref : MC0912837
Your Ref : C0470157
Date : 13/03/2019

AXA INSURANCE PTE LTD
8 SHENTON WAY
#27-01 AXA TOWER
SINGAPORE 068811

Dear Sir/Madam,

Request for Direct Settlement for Accident involving our client's vehicle SDV618E and your Insured SHD9516D ON 05/02/2018 12:30 ALONG UPPER PAYA LEBAR ROAD

We refer to the above matter and return herewith the discharge Voucher duly signed by our client and we look forward to early receipt of the remittance amount of \$492.87 soonest.

Thank You.

Yours faithfully,

AH LIM MOTOR COMPANY
No. 10 Ang Mo Kio Industrial Park 2A
#01-09 AMK Autopoint Singapore 568047
Tel: 6483 1244 Fax: 6483 6170

Kee Mui Hong



redefining / insurance

CLAIM REF : C0470157
INSURED : TRANS-CAB SERVICES PTE LTD

DISCHARGE VOUCHER

We/I, POH FAIR LI, NRIC NO. S9031179D hereby agree to accept the sum of dollars **FOUR HUNDRED NINETY TWO AND CENTS EIGHTY SEVEN ONLY (S\$492.87)** 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. SHD 9516D as a result of an accident along UPPER PAYA LEBAR ROAD on 05/02/2018 of which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. SDV 618E.

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. SHD 9516D 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. SHD 9516D.

Dated this 13th day of MARCH 2019.

Claimant's Signature : _____ X

NRIC no./ Company Stamp : S9031179D

Occupation/ Business : _____

Address : 20A, AH SOO GARDEN SINGAPORE 539981

Telephone No. : _____

Witness's Name : AH LIM MOTOR COMPANY
No. 10 Ang Mo Kio Industrial Park 2A
#01-09 AMK Autopoint Singapore 560047
Tel: 6483 1244 / Fax: 6483 8170

Witness's Signature : _____

Witness's NRIC No. : _____