



redefining / insurance



CLAIM REF : S8M0099J
INSURED : CHUNG BEY LUEN

DISCHARGE VOUCHER

We, **COMFORTDELGRO ENGINEERING PTE LTD** confirm that by letter of authorisation dated **19/02/2018**, we are authorised to and do hereby give this discharge for ourselves and on behalf of **CITYCAB PTE LTD** and the Hirer, **GAZI AMIN** of vehicle no. **SHC 626J**.

Now we **COMFORTDELGRO ENGINEERING PTE LTD** for ourselves and the said Hirer and the driver jointly and severally:-

- a) agree to accept the sum of Singapore Dollars **ONE THOUSAND ONE HUNDRED** only (**S\$1,100.00**) 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 **SLV 7091H** arising out of an accident with **SHC 626J** on **19/02/2018**.
- b) 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. **SLV 7091H** arising directly/indirectly as a consequence of the accident and hereby give our full and final discharge.
- c) 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 **COMFORTDELGRO ENGINEERING 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. **SLV 7091H**.

Dated this 23 day of November 2018

Signed by _____
(AUTHORISED SIGNATORY)

COMFORTDELGRO ENGINEERING PTE LTD
59 LOYANG DRIVE
SINGAPORE 508969

Company Stamp _____

Please forward your cheque made payable to:
COMFORTDELGRO ENGINEERING PTE LTD

Witness : _____
Name : _____
I/C No : _____
Address : _____
CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
59 LOYANG DRIVE
SINGAPORE 508969

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

"The contents of this document apply to vehicle damages only
All personal injuries and damages arising therefrom are excluded
from the ambit and application of this document"