



redefining / insurance

CLAIM REF : S8M00A2S
INSURED : HAFIZIL BIN MOHAMED

DISCHARGE VOUCHER

We/I, WONG MING YAN SYLVIA, NRIC NO. S8424329I hereby agree to accept the sum of dollars **FOUR THOUSAND ONE HUNDRED FIFTY FIVE AND CENTS FIFTY FIVE ONLY (S\$4,155.55)** 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. **SGJ 315G** as a result of an accident along **BUANGKOK DRIVE** on **05.03.2018** of which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. **SLW 1098Z**.

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. **SGJ 315G** 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. **SGJ 315G**.

Dated this 25th day of February 2018

Claimant's Signature : [Signature]

NRIC no./ Company Stamp : X S8424329I

Occupation/ Business : X Human Resources

Address : X 197A Runggol Field #07-U7 (S) 821197

Telephone No. : X 97374391

Witness's Name : Loi Ai Tong

Witness's Signature : [Signature]

Witness's NRIC No. : S7579676 E

