



redefining / insurance

LKK (Joy Inene)

CLAIM REF : S8M0071Y  
INSURED : SHAHRIZ BIN SAID

**DISCHARGE VOUCHER**

We/I **LCRF PTE LTD** Co Reg No. **201604597K** hereby agree to accept the sum of dollars [ **ONE THOUSAND NINE HUNDRED FORTY SEVEN AND CENTS FIFTY ONLY.** ] (\$**1,947.50** ) 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. **[SIX 2905G]** as a result of an accident along **[HIGH STREET]** on **[21/01/2018]** of which we/I were/was the driver/owner/hirer/passenger/rider/pillion/insurer of motor vehicle no. **[SLM 4593T]**.

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. **[SIX 2905G]** 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. **[SIX 2905G]**

Dated this 4 day of October 2018

Claimant's Signature : **LCRF PTE LTD**  
NRIC no./ Company Stamp : **Co Reg No. 201604597K**  
Occupation/ Business : \_\_\_\_\_  
Address : \_\_\_\_\_  
Telephone No. : \_\_\_\_\_  
Witness's Name : Geraldine Foong  
Witness's Signature : [Signature]  
Witness's NRIC No. : \_\_\_\_\_



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