

CLAIM REF

: S8M00OJJ

INSURED

: LIM YONG KUEI (LIN YINGGUI)

DISCHARGE VOUCHER

We/I, <u>IMRAN BIN MOHAMED</u>, NRIC NO.<u>\$7525473C</u> hereby agree to accept the sum of dollars <u>ONE</u> <u>THOUSAND EIGHT HUNDRED NINETY NINE AND CENTS FORTY FIVE ONLY</u> (\$\$1,899.45) 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. <u>\$KG 5212E</u> as a result of an accident along <u>WOODLANDS AVENUE 2</u> on <u>14/07/2018</u> of which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. <u>\$GQ 2111C</u>.

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. **SKG 5212E** 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. **SKG 5212E**.

Dated this	day of(\	2018
Claimant's Signature	:	
NRIC no./ Company Stamp	5 1525473 C	i i He ud
Occupation/ Business	1	
Address	BLIC 112 BUILT BATOK WEST	AVE 6 402-160 s(650112)
Telephone No.	:_ 82003713	Real Park
Witness's Name	: Louis ong	
Witness's Signature	:	
Witness's NRIC No.	577382586	

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