



redefining / insurance

CLAIM REF : S8M000GE
INSURED : TING YI SHENG AUGUSTINE

DISCHARGE VOUCHER

We/I, MITSUHIRO SHIBATA, NRIC NO.F1926031M hereby agree to accept the sum of dollars NINE THOUSAND FIVE AND CENTS SEVENTY FIVE ONLY (\$\$9,005.75) 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. SLQ 5556Z as a result of an accident along PENANG LANE on 12.07.2018 of which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. SJS 5884P.

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. SLQ 5556Z 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. SLQ 5556Z.

Dated this 24th day of AUGUST 2018

Claimant's Signature : 

NRIC no./ Company Stamp : G6398559M

Occupation/ Business : _____

Address : _____

Telephone No. : _____

Witness's Name : CITY AUTO PTE LTD

Witness's Signature : 

Witness's NRIC No. : _____

Blk 8 Sin Ming Road
#01-58/60/62, Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)