



CLAIM REF

: C0402365

INSURED

: TRANS-CAB SERVICES PTE LTD

DISCHARGE VOUCHER

We/I (YIP WHY KUAN. S2564541C) hereby agree to accept the sum of dollars [One Thousand Five Hundred and Forty One Only] (\$\$1,541.00) 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. SHB 9689Z as a result of an accident along BUKIT BATOK STREET 33 on 25/09/2016 of which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. SKT 883H.

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. **SHB 9689Z** 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. **SHB 9689Z.**

Dated this19	day of	09	2018		
	45/	/ .			
Claimant's Signature	if pluty	hund			
NRIC no./ Company Stamp	3 2564	SHIC			
Occupation/ Business	:				
Address	: BIK 653	Senja	LINK 1719-	26 3 (670653)
Telephone No.	:				
Witness's Name	: Bereza	·			
Witness's Signature	: <u></u>		Prog		
Witness's NRIC No.	: 516319	57H (TO OIN WE		

Customer Centre #B1-01

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