

HT



Date: 29th March 2019

Mr Hsiao Tong (Case Handle)
LKK AUTO CONSULTANTS PTE. LTD.
Blk. 51 Paya Ubi Industrial Park
Ubi Avenue 1 #02-25
Singapore 408933

Dear Sir/ Madam,

Re: Discharge Voucher for Accident Vehicles

Attached is the Discharge Voucher duly signed by the owner.

S/N	Discharge Voucher Claim Reference	Date of accident leading to claim	Vehicle No
1	S8M00PBR	19/07/2018	SKR8488Z

Please issue the cheque to **CYCLE & CARRIAGE FRANCE PTE LTD** and send the cheque to us at the following address.

CYCLE & CARRIAGE FRANCE PTE LTD
209 PANDAN GARDENS,
SINGAPORE 609339.

We will be expecting to receive a cheque from you soon.

Regards,
JoJo Cheng
Customer Service
Cycle & Carriage - PG
Tel: +65 6568 4554

INSPIRED BY YOU



CYCLE & CARRIAGE FRANCE PTE. LIMITED
CITROËN CUSTOMER SERVICE CENTRE

209 PANDAN GARDENS SINGAPORE 609339 – TEL. +65 6568 4555 – FAX +65 6569 1056 – www.citroen.com.sg
INCORPORATED IN SINGAPORE – COMPANY NO. 200609327M – GST REG. NO. MR-8500111-X

A member of the Jardine Cycle & Carriage Group



redefining / insurance

CLAIM REF : S8M00PBR
INSURED : TAY KHANG HUAT

DISCHARGE VOUCHER

We/I, TOH YAM KWANG, NRIC NO. S7244618F hereby agree to accept the sum of dollars ONE THOUSAND NINE HUNDRED SIXTY FOUR AND CENTS SEVENTY ONLY (\$\$1,964.70) 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. SGV 3422Y as a result of an accident along NEWTON FLYOVER on 19/07/2018 which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. SKR 8488Z.

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. SGV 3422Y 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. SGV 3422Y.

Dated this 29th day of March 2019

Claimant's Signature : [Signature]

NRIC no./ Company Stamp : S7244618F

Occupation/ Business : _____

Address : Blk 6 Refor Road #12-08

Telephone No. : _____

Witness's Name : JEB Cheng

Witness's Signature : [Signature]

Witness's NRIC No. : G2584371

