

CLAIM REF

: S8M00OFW

INSURED

: MOHAMED MOKHTAR BIN MOHD DALI

DISCHARGE VOUCHER

We/I, <u>LIEM MEI TJU</u>, NRIC. NO.<u>S6961207E</u> hereby agree to accept the sum of dollars <u>FIVE THOUSAND FIVE HUNDRED EIGHTY SEVEN AND CENTS FORTY FIVE ONLY</u> (\$\$5,587.45) 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>SLW 6296K</u> as a result of an accident along <u>PIE PAYA LEBAR FLYOVER</u> on <u>12/07/2018</u> of which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. <u>SGY 5033H</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. **SLW 6296K** 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. <u>SLW 6296K.</u>

Dated this	day of October	2018
Claimant's Signature	X Sunt	
NRIC no./ Company Stamp	: Liem Mei Tju (S6961207E)	
Occupation/ Business	:	
Address	: Block 1 Chai Chee Road #06-212 Singapor	e 461001
Telephone No.	:	
Witness's Name	: Low Siew Dian	
Witness's Signature	:	
Witness's NRIC No.	S1543134K.	

Authorization To Act

Attn: Motor Claims Department AXA Insurance Singapore Pte Ltd 8 Shenton Way #27-01

AXA Tower

Singapore 068811

#06-212 Singapore 461001 (address), owner of SGY5033H (vehicle no.) hereby authorize Liu's Brother Auto Engineering Workshop ("the workshop") to act for me / us with respect to my / our claim for repair costs and / or rental and / or loss of use ("claim") for my / our vehicle no. SGY5033H that was damaged pursuant to the accident which occurred on 12/07/2018 (date) along PIE Towards Changi Near Paya Lebar Exit (location) involving SLW6296K ("the accident").

I / We further authorize the workshop to settle my / our above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement of my / our claim with payment cheque / s being made in favour of the workshop.

I / We further acknowledge that any settlement the workshop may reach on my / our behalf is on a without prejudice and without admission of liability basis insofar as the driver / owner / insurers of the other vehicle / s is concerned.

Dated this Au day of October		(month) 20 <u>\</u> (year)	
3 rd Party Claima	ant:	Workshop:	30 Engineer
Signature: Signature: Address:	Liem Mei Tju Block 1 Chai Chee Road	Signature: Name: Address:	Liu's Brother Auto Engrg Workshop 1 Kaki Bukit Avenue 6 #01-01 AutoBay @ Kaki Bukit
Nric/ROC No:	#06-212 Singapore 461001 S6961207E	ROB No:	Singapore 417883 53291793J