



redefining / insurance

WITHOUT PREJUDICE to:

(a) Insurers' Subrogated Claim and/or

(b) Any Personal Injury Claims

[Note: This Notice supersedes any Inconsistencies found in this Discharge Voucher]

CLAIM REF : S8M00TH7
INSURED : NG POH HONG

DISCHARGE VOUCHER

We/I, GALLOP HUMAN RESOURCE, CO. REG. NO. 53167049W hereby agree to accept the sum of dollars THREE THOUSAND THREE HUNDRED SEVENTY NINE AND CENTS FORTY NINE ONLY (S\$ 3,379.49) 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. SBW 3131R as a result of an accident along 636 BUKIT BATOK CENTRAL CAR PARK on 27/08/2018 of which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. GBE 5929M.

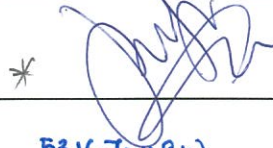
We/I hereby declare that the said insurer or owner and/or driver of insured vehicle shall not be liable for any further claim(s) whatsoever and whosoever present or future that we/I may have against the said Insurer, owner and/or driver of vehicle no. SBW 3131R in connection directly or indirectly with 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. SBW 3131R.

Dated this 19th day of October 2018.

Claimant's Signature :



NRIC no./ Company Stamp :

53167049W



Occupation/ Business :

Address :

Blk 317 Jurong East St 31 #02-32 (8) 600317.

Telephone No. :

9363 2266

Witness's Name :

YONG YOKA FONG

Witness's Signature :



Witness's NRIC No. :

68274762T