



redefining / insurance

CLAIM REF : C0474298  
INSURED : TRANS-CAB SERVICES PTE LTD

DISCHARGE VOUCHER

We/I, ONE + ONE TRANSPORT, CO. REG. NO. 53344369E hereby agree to accept the sum of dollars ONE THOUSAND ONE HUNDRED EIGHTY THREE AND CENTS NINETY FIVE ONLY (\$\$1,183.95) 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. SHF 610M as a result of an accident along WOODLANDS CHECKPOINT on 29/08/2018 of which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. SJG 3563S.

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. SHF 610M 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. SHF 610M.

Dated this 1 day of Feb 2019.

Claimant's Signature : 

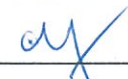
NRIC no./ Company Stamp : **ONE + ONE TRANSPORT**  
Reg No : 53344369E

Occupation/ Business : \_\_\_\_\_

Address : Blk 781 #01-47, Yishun St 72

Telephone No. : 9177 2165

Witness's Name : Tang Keng Lee

Witness's Signature : 

Witness's NRIC No. : S2500384E



# BODYFIX

NO 10 ANG MO KIO INDUSTRIAL PARK 2A #04-06

AMK AUTOPOINT SINGAPORE 568047

Tel No. : 62571289 Fax No. : 64837432

E-Mail : bodyfix@singnet.com.sg

Tax Reg. No. : 53010635C Buss. Reg. No. : 53010635C

AXA INSURANCE SINGAPORE PTE LTD

8 SHENTON WAY #27-01

AXA TOWER SINGAPORE 068811

Attention : Motor Claim Department

Contact : 3387288 Fax No. : 8804838

Tax Invoice : AC19003

Date : 01/02/2019

Vehicle Num. : SJG 3563 S

Make/Model : TOYOTA WISH-2008

Chassis/Eng# : ZNE100405046

Accident Date : 29/08/2018

Claim No. :

Reference :

Policy No. :

Amount S\$

TO REPAIR VEHICLE AT LUMP SUM

950.00

SingDollars : One Thousand Sixteen & Cents Fifty Only

E. & O.E.

Total S\$ :

950.00

GST 7% S\$ :

66.50

Amount Due S\$ :

1,016.50

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for BODYFIX