



redefining / insurance

CLAIM REF : C0474233
INSURED : TRANS-CAB SERVICES PTE LTD

DISCHARGE VOUCHER

We/I LIM EK CHOW, S7442485F hereby agree to accept the sum of dollars Sixteen Thousand Nine Hundred Thirty Six and Cents Five Only (S\$ 16,936.05) 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. SHD 9369L as a result of an accident along TAMPINES RD on 15/08/2018 of which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. SKM 2899L.

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. SHD 9369L 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. SHD 9369L.

Dated this 15 day of MAY 2019

Claimant's Signature : [Signature]

NRIC no./ Company Stamp : S7442485F

Occupation/ Business : _____

Address : _____

Telephone No. : _____

Witness's Name : MASTURA OSMAN

Witness's Signature : [Signature]

Witness's NRIC No. : 58605625H



Premium Automobiles

AXA Insurance Pte Ltd
No. 8 Shenton Way
#24-01 AXA Tower
Singapore 068811
Attn: Motor Claims Dept
Yr Ref: S8M00VDC

Norah Khai
6768 9927
Nora.khai@premiumauto.com.sg
Body & Paint Dept
PA/TP/1079/2018/MAS

15 May 2019

from
Telephone +65-
Telefax +65-
EMail
Our department
Our Ref
Your Ref
Date

Dear Sir,

total pages

RE: INSURANCE SETTLEMENT FOR SLW 2168 Z, Audi A4 Sedan 2.0 TFSI

Premium Automobiles Pte Ltd
Showroom
9 Leng Kee Road
Singapore 159090
Telephone (65) 6566 1111
Telefax (65) 6471 3733

The above matter refers:

Enclose, kindly find a copy of the Original Discharge Voucher duly signed by our client for the settlement of his claim.

We look forward to receiving your cheque soonest possible.

Regards

Service & Parts Centres
55 Ubi Rd 1
Singapore 408699
Telephone (65) 6366 2323
Telefax (65) 684 11183

This is a computer generated document. No signature is required.

Norah Khai
Claims Dept

Encls



redefining / insurance

CLAIM REF : S8M00VDC
INSURED : TAN SALLY @ SALLY NG

DISCHARGE VOUCHER

We/I Lim Thou Hoe S7219590F hereby agree to accept the sum of dollars Two Thousand Four Hundred Seven and Cents Seventy Six only (**S\$ 2,407.76**) 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. SGX 6683E as a result of an accident along JUNCTION OF SHENTON WAY & STRAITS BOULEVARD on 11/09/2018 of which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no SLW 2168Z.

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. SGX 6683E 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. SGX 6683E.

Dated this 9 day of 5 2019

Claimant's Signature

Lim Thou Hoe
S7219590F

NRIC no./ Company Stamp

Occupation/ Business

Analyst

Address

Telephone No.

97604156

Witness's Name

MASTURA ARMAN

Witness's Signature

Arman

Witness's NRIC No.

S8603625H

