



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 : S8M016Q6
INSURED : MUNA LIM BT ABDULLAH

DISCHARGE VOUCHER

We/I, **LCRF PTE LTD, CO. REG. NO. 201624597K** hereby agree to accept the sum of dollars **THREE THOUSAND NINE HUNDRED SIXTY SIX ONLY (S\$3,966.00)** 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. **SKG 7109H** as a result of an accident along **PASIR PANJANG ROAD** on **14/12/2018** of which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. **SLG 9687E**.

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. **SKG 7109H** 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. **SKG 7109H**.

Dated this 22 day of April 2019.

Claimant's Signature :

NRIC no./ Company Stamp :

Occupation/ Business :

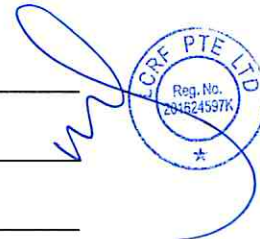
Address :

Telephone No. :

Witness's Name :

Witness's Signature :

Witness's NRIC No. :



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