

**Allianz General Insurance Company Malaysia Berhad** (735426-v)

Email

YOUR REF : SARVINDRAN  
OUR REF : VTP908247  
DATE : 28 May 2018

M/S SARVINDRAN  
ADVOCATES & SOLICITORS

**WITHOUT PREJUDICE**

Dear Sir/Madam

**ACCIDENT ON** 29/09/2017  
**INVOLVING OUR INSURED VEHICLE NO**

PML5680

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We refer to the above matter.

We enclose herewith 1 set of the discharge voucher for your client's execution.

As instructed by Bank Negara Malaysia, all insurance companies and takaful operators are required to intensify their efforts to fully migrate payments from cheque issuance to an e-Payment platform. This would involve payments made to the policyholders, beneficiaries and claimants. As such, we require you to provide us with your/claimant's bank account details in order for us to make any payments due to you directly/to claimant into his/her/their bank account respectively.

Please complete the enclosed Discharge Voucher and the e-Payment Form ("Form") attached herewith and submit the same with the required supporting documents.

Thank you.

Yours faithfully,  
**Allianz General Insurance Company (Malaysia) Berhad**

*Malkeet*

MALKEET KAUR SARJIT SINGH  
Claims Examiner  
Tel No : 03-2264 0428  
Email : malkeet.kaur@allianz.com.my

Level 29, Menara Allianz Sentral  
203, Jalan Tun Sambanthan  
Kuala Lumpur Sentral, 50470 Kuala Lumpur  
Tel : +603 2264 1188  
+603 2264 0688  
Fax : +603 2264 1199  
Website : [www.allianz.com.my](http://www.allianz.com.my)

CUSTOMER SERVICE  
Allianz Arena, Ground Floor, Block 2A  
Plaza Sentral, Jalan Stesen Sentral 5  
Kuala Lumpur Sentral, 50470 Kuala Lumpur  
Allianz Contact Center : 1 300 88 1028  
Fax : +603 2264 8499  
Email : [customer.service@allianz.com.my](mailto:customer.service@allianz.com.my)



**Allianz General Insurance Company Malaysia Berhad (735426-v)**

**CLAIM NO : VTP908247**

**RECEIPT DISCHARGE AND INDEMNITY**

I, SARVINDRAN NAIR A/L KRISHNAN KUTTY (IC No : 870916-38-5115 ) HEREBY ACKNOWLEDGE RECEIPT from Allianz General Insurance Malaysia Berhad the sum of **RINGGIT MALAYSIA TWENTY THOUSAND (RM20,000.00)** ONLY as Insurers of the owner(s) and driver of motor vehicle registration No: **PML5680** at the material time of the accident in full final and complete settlement of all my claim , right , chooses in action both present and future against whomsoever arising out of an accident which took place on **29/09/2017** involving my self when I, SARVINDRAN NAIR A/L KRISHNAN KUTTY (I.C. NO. 870916-38-5115) was injured and suffered damages in the said accident.

**I HEREBY ACKNOWLEDGE AND DECLARE** that the payment is not to be deemed to be an admission of liability on the part of the Allianz General Insurance Malaysia Berhad or the owner(s) and driver or their servants or agents of the said motor vehicle registration No. PML5680 but is a payment made in full and complete settlement of all my claims right , chooses in action which I may have suffered or may suffer hereafter as a result of the accident on 29/09/2017 involving motor vehicle registration No. PML5680.

**I HEREBY DECLARE** that I am the proper person entitled to receive this compensation and shall indemnity and hold harmless the Allianz General Insurance Malaysia Berhad or the owner(s) and driver or their servants or agents against any claims which may be made against them on my behalf or on any account arising out of the accident on 29/09/2017 involving motor vehicle registration no. PML5680

**DATED THIS**

**DAY OF**

**YEAR**

**WITNESS**

Signature : \_\_\_\_\_

Name : \_\_\_\_\_

NRIC : \_\_\_\_\_

**CLAIMANT**

Signature :  \_\_\_\_\_

Name : **SARVINDRAN NAIR A/L**  
**KRISHNAN KUTTY**

NRIC : **870916-38-5115**

Address : **NO 13, JALAN BUNGA RAYA 7,**  
**TAMAN BUNGA RAYA,**  
**33000, KUALA KANGSAR,**  
**PERAK .**

PLEASE AFFIX  
RM 10.00  
STAMP DUTY

Level 29, Menara Allianz Sentral  
203, Jalan Tun Sambanthan  
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