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MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMCVSN3054891508 Claim No : SNM16D01130C02/1/LKKDS
Claimant : TRANS-CAB SERVICES PTE LTD
Amount : S\$2,800.00
DOLLARS TWO THOUSAND AND EIGHT HUNDRED ONLY.

I/We agree to accept the above mentioned amount to be paid to me/us in full & final settlement of all claims, costs & disbursements for injuries / damages sustained by me/us through an accident involving

Claimant Vehicle No. : SHD 9313Y
Insured Vehicle No. : GZ 6851B

Date of Loss : 11/03/2016
Place of Accident : UBI AVENUE 1

IN CONSIDERATION of the payment made to me/us of the aforementioned sum by CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD., I/We agree absolutely to discharge CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. and/or

Insured Name : CRT ENGINEERING PTE LTD
Driver Name : SAMNUANLERT KHAMPHAN

from all claims, present or future in respect of all loss, injury or damage sustained by me/us arising out of the said accident.

I acknowledge that this payment is made without admission of liability on the part of CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

(1) Global Sum	S\$ 2,800.00
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TOTAL	S\$ 2,800.00
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Claimant Name : TRANS-CAB SERVICES PTE LTD

NRIC No :

Jasmine Tan
S7405636I



Signature : _____

Date : _____

25 OCT 2019