

To : vic

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSN3039591500 Claim No : SNM16D01317/C02/7/LKKDS

Claimant : TRANS-CAB SERVICES PTE LTD

Amount : S\$2,980.00  
SINGAPORE DOLLARS TWO THOUSAND NINE HUNDRED EIGHTY 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 5597X  
Insured Vehicle No. : SDV 597G

Date of Loss : 26/03/2016  
Place of Accident : PURVIS STREET

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 : LIM CHIOU WEE  
Driver Name : LIM CHIOU WEE

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 (all in) S\$ 2,980.00

TOTAL . . . . . S\$ 2,980.00

Claimant Name : \_\_\_\_\_ NRIC No : \_\_\_\_\_



Jasmine Tan  
S7405636I

29 MAY 2019

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

**Trans-Cab Services Pte Ltd**

No. 2 Ang Mo Kio Street 63

Tel No.: 6287 6666 Fax No. 6281 1400

Co./GST Reg. No. 200303878K

**Authorization To Act**

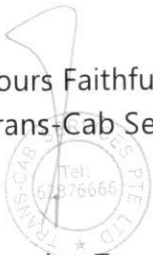
We, Trans-cab Services Pte Ltd of Company Registration No. 200303878K hereby authorize Trans-cab Auto Services Pte Ltd to act on behalf to claim for all losses incurred for the accident involving SHD5597X and SDV597G along Purvis Street on 26/03/16 12:30 PM.

In addition, we also hereby authorize the above payment to be made in favour of Trans-cab Auto Services Pte Ltd upon settlement.

Dated this 28 (day) of May 2019

Yours Faithfully

Trans-Cab Services Pte Ltd



Jasmine Tan

General Manager