

To: Vic

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMCVSN3021501601 Claim No : SNM16D03846C02/3(ock)
Claimant : TRANS-CAB SERVICES PTE LTD

Amount : S\$13,500.00
SINGAPORE DOLLARS THIRTEEN THOUSAND FIVE 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 342Y
Insured Vehicle No. : YL 3763C

Date of Loss : 21/08/2016
Place of Accident : SLE TOWARDS BKE

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 : QING XIN PTE LTD
Driver Name : GOH CHENG MENG

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.

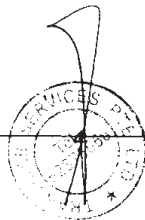
(1) Global Sum (all in) S\$ 13,500.00

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TOTAL S\$ 13,500.00

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Claimant Name : _____ NRIC No : _____
Signature : _____ Date : _____



Jasmine Tan
S74600361

14 SEP 2019