

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMCVSN3056761600

Claim No : SNM17D01054C02/5

Claimant : SMRT TAXIS PTE LTD

Amount : S\$1,100.00

SINGAPORE DOLLARS ONE THOUSAND ONE 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. : SHB 429S

Insured Vehicle No. : YP 2835P

Date of Loss : 16/02/2017

Place of Accident : CHUA CHU KANG CEMETERY PATH

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 : MEGALOW CONTRACTOR

Driver Name : BAY ENG KIANG

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)

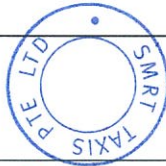
S\$ 1,100.00

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TOTAL S\$ 1,100.00

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Claimant Name : _____



NRIC No : _____

S KXXX706F

Signature : _____

Date : _____

22 APR 2020