

AAO 1711-291

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMCVSN1686191600

Claim No : SNM17D06789/C02/7

Claimant : TRANS-CAB SERVICES PTE LTD

Amount : S\$1,310.00

SINGAPORE DOLLARS ONE THOUSAND THREE HUNDRED TEN 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 7536U

Insured Vehicle No. : GBE 5197H

Date of Loss : 24/11/2017

Place of Accident : RAFFLES BOULEVARD

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 : M/S DESHIN ENGINEERING & CONSTRUCTION PTE LTD

Driver Name : HOON MOW SING

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\$ 1,310.00

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TOTAL S\$ 1,310.00

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Claimant Name : _____ NRIC No : _____

JASMINE TAN SIEW KIM
S7405636I



20 FEB 2018

Signature : _____ Date : _____