MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSN1623771701

Claim No : SNM17D06550C02/0

Claimant :

SURJIT SINGH

Amount

s\$1,556.85

DOLLARS ONE THOUSAND FIVE HUNDRED FIFTY SIX AND CENTS

EIGHTY FIVE 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. : SLK6083X Insured Vehicle No. : SLB7560B

Date of Loss

: 01/11/2017

Place of Accident

: TAMPINES AVENUE 5

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

: SOH FENG WEI (SU FENGWEI)

Driver Name

: SOH FENG WEI (SU FENGWEI)

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.

	Cost of Repair/ Excess Loss of Use/Rental/Earning	S\$ S\$	1,342.85 214.00	
(4)	GIA/Police Reports/			
	Investigation Results/Search Fees	S\$		
(5)	Medical Reports/Expenses	S\$		
(6)	Survey Fees/P.T. Fees	S\$		
(7)	Cost including Disbursement	S\$	<u> </u>	
	TOTAL	s\$	1,556.85	
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Claimant Name:

SURIT SING

NRIC No :

5123 1885E

Signature

Date

13/03/8