## MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSN1623771701 Claim No : SNM17D06550C02/0

Claimant : SURJIT SINGH

Amount : \$\$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.

| (1) | General Damages                   |  | S\$   |  |  |
|-----|-----------------------------------|--|-------|--|--|
|     | Cost of Repair/Excess             |  | S\$   | 1,342.85   |  |
|     | -                                 |  | S\$   | 214.00   |  |
|     | Loss of Use/Rental/Earning        |  | 24    | 211.00   |  |
| (4) | GIA/Police Reports/               |  | 1000  |  |  |
|     | Investigation Results/Search Fees |  | S\$   |  |  |
| (5) | Medical Reports/Expenses          |  | S\$   |  |  |
|     | Survey Fees/P.T. Fees             |  | S\$   |  |  |
| (7) | Cost including Disbursement       |  | S\$   |  |  |
|     |                                   |  |       | depart chains despen de |  |
|     | TOTAL                             |  | . S\$ | 1,556.85   |  |
|     |                                   |  |       |  |  |

Claimant Name: Sunt Singh

NRIC NO : 51231865E

Signature

Date

3/4/2018

CERTIFIED TRUE COPY