

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSN3016711701 Claim No :SNM17D06948C02/5
Claimant : CITYCAB PTE LTD
Amount : S\$1,570.00
SINGAPORE DOLLARS ONE THOUSAND FIVE HUNDRED SEVENTY 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. : SHA 8106B
Insured Vehicle No. : SJD 5915M

Date of Loss : 05/12/2017
Place of Accident : JUNCTION OF SAM LEONG ROAD AND VERDUN ROAD

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 : KOO PEK TEONG
Driver Name : KOO PEK TEONG

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\$ 1,570.00

TOTAL S\$ 1,570.00
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CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
59 LOYANG DRIVE
SINGAPORE 508969

Claimant Name : _____ NRIC No : _____

Signature :  Date : 27.12.17

"The contents of this document apply to vehicle damages only
All personal injuries and damages arising therefrom are excluded
from the ambit and application of this document"

Please forward your cheque made payable to.
COMFORTDELGRO ENGINEERING PTE LTD