

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMHCSN1709761700

Claim No : SNM17D07190/C02/5/LKKDS

Claimant : TRANS-CAB SERVICES PTE LTD

Amount : S\$ 3,513.99

Singapore Dollar Three Thousand Five Hundred Thirteen and Cents Ninety Nine 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 9808Y

Insured Vehicle No. : SDW 4445E

Date of Loss : 18/12/2017

Place of Accident : CTE TWDS JURONG

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 : SITI PATIMAH CATERING

Driver Name : HAIRUMBIYAH BINTE GHABI

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.

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|--|--------------|
| (1) General Damages | S\$ |
| (2) Cost of Repair/Excess | S\$ 3,210.00 |
| (3) Loss of Use/Rental/Earning | S\$ 298.64 |
| (4) GIA/Police Reports/ Investigation Results/Search Fees | S\$ 5.35 |
| (5) Medical Reports/Expenses | S\$ |
| (6) Survey Fees/P.T. Fees | S\$ |
| (7) Cost including Disbursement | S\$ |
| ===== | |
| TOTAL | S\$ 3,513.99 |
| ===== | |

Claimant Name : _____

NRIC No : _____

JASMINE TAN SIEW KIM
S7405636I

08 AUG 2018

Signature : _____

Date : _____