

AA01801-062

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSN1722201700 Claim No : SNM18D00094C02/3 (SLK103L)  
 Claimant : TRANS-CAB SERVICES PTE LTD  
 Amount : S\$10,705.97  
 SINGAPORE DOLLARS TEN THOUSAND SEVEN HUNDRED FIVE AND CENTS  
 NINETY SEVEN 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. : SHF 666C  
 Insured Vehicle No. : SLK 103L

Date of Loss : 03/01/2018  
 Place of Accident : JALAN BULOH PERINDU / EAST COAST 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 : CHAN MAY LENG CAROLINE  
 Driver Name : LIM YING TSUI

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\$	
(2) Cost of Repair/Excess	S\$	8,881.00
(3) Loss of Use/Rental/Earning	S\$	1,817.52
(4) GIA/Police Reports/ Investigation Results/Search Fees	S\$	7.45
(5) Medical Reports/Expenses	S\$	
(6) Survey Fees/P.T. Fees	S\$	
(7) Cost including Disbursement	S\$	
		=====
TOTAL . . . . .	S\$	10,705.97
		=====

Claimant Name : \_\_\_\_\_ NRIC No : \_\_\_\_\_



JASMINE TAN SIEW KIM  
 S7405836I

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

11 MAY 2018