

TO : Cecilia

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSN1557251701

Claim No : SNM18D00532/C02/7

Claimant : TRANS-CAB SERVICES PTE LTD

Amount : S\$3,694.62

DOLLARS THREE THOUSANDS SIX HUNDRED AND NINETY FOUR AND
CENTS SIXTY TWO 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. : SHD 499D

Insured Vehicle No. : SKW 7147M

Date of Loss : 29/01/2018

Place of Accident : CTE TOWARDS ANG MO KIO AVE 3 SLIP 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 : SIM KEE

Driver Name : LIU LU YE @ LOW SOO SOO

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\$	3,288.74
(3) Loss of Use /Rental/Earning	S\$	400.53
(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\$	3,694.62
	=====	

Claimant Name : _____

NRIC No : _____



Signature : _____

Date : _____

 Ng Wai Yin
G2815702P

29 NOV 2019