

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSN1681161701

Claim No : SNM18D00610C02

Claimant : CITYCAB PTE LTD

Amount : S\$6,390.00

SINGAPORE DOLLARS SIX THOUSAND THREE HUNDRED NINETY 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. : SHC 866H

Insured Vehicle No. : SKX 2064X

Date of Loss : 31/01/2018

Place of Accident : PIE TOWARDS CHANGI AIRPORT AFTER EUNOS EXIT

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 : HO BOON CHONG

Driver Name : HO BOON CHONG

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\$ 6,390.00

TOTAL S\$ 6,390.00

CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
59 LOYANG DRIVE
SINGAPORE 508969

Claimant Name : _____ NRIC No : _____

Signature :  Date : 13.8.18

"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