MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSN3013491802 Claim No : SNM18D00612C02

Claimant : SMRT TAXIS PTE LTD

Amount : \$\$5,450.00

Singapore Dollars Five Thousand Four Hundred and Fifty 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 4018M Insured Vehicle No. : SKZ 6252H

Date of Loss : 31/01/2018
Place of Accident : ANG MO KIO AVE 3

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 HUAY KING
Driver Name : CHAN HUAY KING

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.

AUTHORIZATION TO ACT

I, <u>SMRT TAXIS PTE LTD</u> (the third party claimant") of <u>BLK 60 WOODLANDS</u> INDUSTRIAL PARK E4 (S) 757705 (address), owner of <u>SHC 4018M</u> (vehicle no.) hereby authorize <u>SMRT AUTOMOTIVE SERVICES PTE LTD</u> ("the workshop") to act for me with respect to my claim for repair costs and/or rental and/or loss of use ("claim") for my vehicle no <u>SHC 4018M</u> that was damaged pursuant to the accident which occurred on <u>31/01/2018</u> (date) along <u>ANG MO KIO AVE 3</u> (location) involving vehicle no/s <u>SKZ 6252H</u> ("the accident").

I further authorize the workshop to settle my above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement of my claim with payment cheque/s being made in favour of SMRT TAXIS PTE LTD.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle/s is concerned.

Dated this ______ (day) of ______ (month) 20 19 (year)

Signed by "the third party claimant" (with chop if applicable)

Signed by "the workshop" (with chop)