

TO: Asher

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMB1SN1439801703 Claim No : SNM18D01033C02/0/LKKDS  
 Claimant : TRANS-CAB SERVICES PTE LTD  
 Amount : S\$2,376.69  
 DOLLARS TWO THOUSAND THREE HUNDRED SEVENTY SIX AND CENTS SIXTY  
 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. : SHC 5623J  
 Insured Vehicle No. : CB 6840G

Date of Loss : 23/02/2018  
 Place of Accident : UPPER SERANGOON ROAD TOWARDS UPPER ALJUNIED 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 : H H COACH BUS  
 Driver Name : NG CHUAN HENG

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/ <del>Excess</del>	S\$	1,765.50
(3) Loss of Use/Rental/Earning	S\$	605.84
(4) GIA/Police Reports/ Investigation Results/Search Fees	S\$	5.35
(5) Medical Reports/Expenses	S\$	
(6) Survey Fees/Towing Fee	S\$	
(7) Cost including Disbursement	S\$	
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TOTAL . . . . .	S\$	2,376.69
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Claimant Name : TRANS-CAB SERVICES PTE LTD

NRIC No : Ng Wai Yin  
G2815702P

Signature :  

Date : 16 AUG 2019