MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSN3052061704 Claim No :SNM18D01141C07/0(SBK3300H)

Claimant : TRANS-CAB SERVICES PTE LTD

Amount : 557,389.71

SINGAPORE DOLLARS SEVEN THOUSAND THREE HUNDRED EIGHTY NINE

AND CENTS SEVENTY ONE 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 5781K Insured Vehicle No. : SBK 3300H

Date of Loss : 28/02/2018

Place of Accident : UPPER PAYA LEBAR 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 : WEE SEE YAU
Driver Name : WEE SEE YAU

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.

(2)	General Damages	SS		
(2)	Cost of Repair/Excess	5\$	6,473.50	
	Loss of Use/Rental/Earning GIA/Police Reports/	88	908.76	
	Investigation Results/Search Fees	SS	7.45	
(5)	Medical Reports/Expenses	55		
	Survey Fees/P.T. Fees	SS		
(7)	Cost including Disbursement	5.5		
	TOTAL	. 55	7,389.71	

Claimant Name: 19999/979 NHIC No : Ng Wai Yin G2815702P