## MOTOR CLAIMS DISCHARGE VOUCHER

Policy No: DMCVSN3074071700 Claim No:SNM18D01823C02/7(GBE1627K)

Claimant : TRANS-CAB SERVICES PTE LTD

Amount : \$\$6,354.08

SINGAPORE DOLLARS SIX THOUSAND THREE HUNDRED FIFTY FOUR AND

CENTS EIGHT 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. : SHF 786P Insured Vehicle No. : GBE 1627K

Date of Loss : 15/03/2018
Place of Accident : PUNGGOL FIELD

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 : M/s WNE INTEGRATED DESIGN PTE LTD

Driver Name : KEGAN TAN YUAN XI

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\$	5,567.93	
3) Loss of Use/Rental/Earning	S\$	778.70	
4) GIA/Police Reports/			
Investigation Results/Search Fees	S\$	7.45	
5) Medical Reports/Expenses	S\$		
5) Survey Fees/P.T. Fees	S\$		
7) Cost including Disbursement	S\$		
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TOTAL	. S\$	6,354.08	

Claimant Name:

NRIC No:

12 JUL 2018

Signature:

Date: