bodily injuries arising out of the

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMCVSN1333741704

Claim No : SNM18D01459C02/2/LKKDS

Claimant : PREMIER TAXIS PTE LTD

: S\$3,924.65

DOLLARS THREE THOUSAND NINE HUNDRED TWENTY FOUR AND CENTS

SIXTY FIVE 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. : SHD 1115E Insured Vehicle No. : GZ 7172X

Date of Loss

: 17/03/2018

Place of Accident : HOUGANG AVE 9 -- CARPARK BLK 950

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

: ALL BEST AIR-CONDITIONING & ELECTRIC PTE LTD

Driver Name

: YONG WEI LIP

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\$ | 3,210.00 | |
| (3) | Loss of Use/Rental/Earning | | S\$ | 712.65 | |
| (4) | GIA/Police Reports/ | | | | |
| | Investigation Results/Search Fees | | S\$ | 2.00 | |
| (5) | Medical Reports/Expenses | | S\$ | | |
| (6) | Survey Fees/P.T. Fees | | S\$ | | |
| (7) | Cost including Disbursement | | S\$ | | |
| | | | ==== | ========== | |
| | TOTAL | | S\$ | 3,924.65 | |
| | | | | | |

Claimant Name: PREMIER TAXIS PTE LTD

NRIC No : 200304975H

Signature