

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMCVSN3064191700                      Claim No : SNM18D01988C02/6 (GBE736K)  
Claimant : YXY

Amount : S\$8,200.00  
          SINGAPORE DOLLARS EIGHT THOUSAND TWO HUNDRED 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. : SJT 8834J  
Insured Vehicle No. : GBE 736K

Date of Loss : 16.04.2018  
Place of Accident : ANG MO KIO AVENUE 3 TOWARDS CTE

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 : YXY  
Driver Name : WANG JIAN

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\$	6,900.00
(3) Loss of Use/Rental/Earning	S\$	1,300.00
(4) GIA/Police Reports/ Investigation Results/Search Fees	S\$	
(5) Medical Reports/Expenses	S\$	
(6) Survey Fees/P.T. Fees	S\$	
(7) Cost including Disbursement	S\$	
	=====	
TOTAL . . . . .	S\$	8,200.00
	=====	

---

Claimant Name : Goh Yeow Koon                      NRIC No : 12748421F

Signature :                       Date : 13/6/18