

TO: Cecilia

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMCVSN3072411700 Claim No : -

Claimant : TRANS-CAB SERVICES PTE LTD

Amount : S\$2,010.00
Singapore Dollars Two Thousand and Ten 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 9912T

Insured Vehicle No. : GBB 7027T

Date of Loss : 31/05/2018

Place of Accident : BLK 206 PETIR ROAD CAR PARK

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 : PEARL IN A SHELL
Driver Name : MUHAMMAD IKHWAN BIN IKHSAN

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) Global Sum	S\$	2,010.00
		=====
TOTAL	S\$	2,010.00
		=====

Claimant Name : _____

NRIC No : _____

Ng Wai Yin
G2815702P

Signature : _____

Date : _____

16 DEC 2019

