

WITHOUT PREJUDICE  
TO OUR CLIENT'S PERSONAL INJURY  
CLAIM (PRESENT OR FUTURE) WHICH IS  
EXPRESSLY RESERVED

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSN3006151800 Claim No : SNM18D03313C02/2(tk1)  
Claimant : ASMIRA BINTE MOHAMED YUSOFF  
Amount : S\$5,427.49  
SINGAPORE DOLLARS FIVE THOUSAND FOUR HUNDRED TWENTY SEVEN  
AND CENTS FORTY NINE 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. : SGU 1292Z  
Insured Vehicle No. : SGQ 6502G

Date of Loss : 03.07.2018  
Place of Accident : CTE TOWARDS PIE NEAR ANG MO KIO AVANUE 1

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 : SIA SI MIN CHARMAINE  
Driver Name : SIA SI MIN CHARMAINE

from all claims, present or future in respect of all loss, injury or damage sustained by me/us arising out of the said accident.

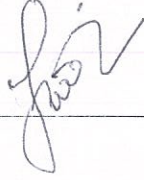
I acknowledge that this payment is made without admission of liability on the part of CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

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(1) General Damages	S\$	
(2) Cost of Repair/Excess	S\$	5,000.00
(3) Loss of Use/Rental/Earning	S\$	420.00
(4) GIA/Police Reports/ Investigation Results/Search Fees	S\$	7.49
(5) Medical Reports/Expenses	S\$	
(6) Survey Fees/P.T. Fees	S\$	
(7) Cost including Disbursement	S\$	
TOTAL . . . . .	S\$	5,427.49

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Claimant Name : Asmira Binte Mohamed Yusoff NRIC No : S8037403H

Signature :  Date : \_\_\_\_\_

## AUTHORISATION TO ACT

I/We, Asmira Binte Mohamed Yusoff ("the third party claimant") of  
BLK 348B YISHUN AVE 11 # 12-563 SINGAPORE 762348 (address),  
owner of SGU1292Z (vehicle no.) hereby authorise **HUA MENG SPRAY PAINTING**  
**WORKSHOP** ("the workshop") to act for me with respect to my claim for repair costs and/or  
rental and/or loss of use ("claim") for my vehicle no. SGU1292Z that was damaged pursuant  
to the accident which occurred on 03-07-2018 (date) along CTE TWDS PIE NEAR  
ANG MO KIO AVE 1 (location) involving vehicle no/s SGQ 6502 G1 ("the accident").

I further authorize the workshop to settle my above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement of my claim with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle/s is concerned.

Dated this \_\_\_\_\_ (day) of \_\_\_\_\_ (month) 20\_\_\_\_ (year)



Signed by "the third party claimant"  
(with company stamp if applicable)

華明噴漆廠

HUA MENG SPRAY PAINTING WORKSHOP  
AUTOBAY@KAKI L.  
1 KAKI BUKIT AVE 6 #01-34 SINGAPORE 417883  
TEL: 6747 8064, 6746 5510 FAX: 6743 4896



Signed by "the workshop"  
(with company stamp)