

TO: Asher

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSN3081361600 Claim No : SNM18D03644C02
 Claimant : TRANS-CAB SERVICES PTE LTD
 Amount : S\$9,719.31
 DOLLARS NINE THOUSAND SEVEN HUNDRED NINETEEN AND CENTS THIRTY ONE 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 283J
 Insured Vehicle No. : SJP 7229J
 Date of Loss : 23/07/2018
 Place of Accident : BLK 745 YISHUN ST 72 CARPARK

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 : KALIMUTHU GHOPINATH
 Driver Name : RAVINDIRA GHOPINATH

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\$	8,636.62
(3) Loss of Use/Rental/Earning	S\$	1,075.20
(4) GIA/Police Reports/ Investigation Results/Search Fees	S\$	7.49
(5) Medical Reports/Expenses	S\$	
(6) Survey Fees/Towing Fee	S\$	
(7) Cost including Disbursement	S\$	
		=====
TOTAL	S\$	9,719.31
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Claimant Name : TRANS-CAB SERVICES PTE LTD NRIC No : Ng Wai Yin
G2815702P

Signature : 4.  Date : 10 08 2019