

440 1808-062

TO : VIC

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMCVSN1541241702 Claim No : SNM18D03887C02/5(cml)  
Claimant : TRANS-CAB SERVICES PTE LTD

Amount : S\$3,560.00  
SINGAPORE DOLLARS THREE THOUSAND FIVE HUNDRED SIXTY 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. : SHB 9522X  
Insured Vehicle No. : GY 8995L

Date of Loss : 10/08/2018  
Place of Accident : GEYLANG LORONG 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 : AL'FRESCO ELITE SYSTEM PTE LTD  
Driver Name : GANESAN SATHEYENDRAN

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 (all in) S\$ 3,560.00

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TOTAL . . . . . S\$ 3,560.00

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Claimant Name : \_\_\_\_\_ NRIC No : \_\_\_\_\_



Christine Tan  
S7403336I

Signature : \_\_\_\_\_ Date : 29 AUG 2019