

AAO1808-J13

To: Joy

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSN3014561800

Claim No : SNM18D04161/C01/2

Claimant : TRANS-CAB SERVICES PTE LTD

Amount : S\$10,599.75

SINGAPORE DOLLARS TEN THOUSAND FIVE HUNDRED NINETY NINE AND
CENTS SEVEN FIVE 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. : SHC 5931U

Insured Vehicle No. : SJT 1362A

Date of Loss : 26/08/2018

Place of Accident : WOODLANDS CENTRE ROAD/MARSILING ROAD

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 : LIM POH HOW

Driver Name : LIM POH HOW

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\$	9,683.50
(3) Loss of Use/Rental/Earning	S\$	908.76
(4) GIA/Police Reports/ Investigation Results/Search Fees	S\$	7.45
(5) Medical Reports/Expenses	S\$	
(6) Survey Fees/P.T. Fees	S\$	
(7) Cost including Disbursement	S\$	

TOTAL S\$ 10,599.71



Claimant Name : _____ NRIC No : _____

Jasmine Tan

21 MAY 2019

Signature : _____ Date : _____