

4401809-080

TO : Asher

DISCHARGE VOUCHER

Without Prejudice
Save As to Costs

Your Reference : AAD1809-080
Our Reference : VC011879

I/We, **TRANS-CAB SERVICES PTE LTD** do hereby acknowledge the sum of Singapore Dollars: **ONE THOUSAND EIGHT HUNDRED NINE AND CENTS FORTY NINE ONLY (S\$1,809.49)** being full discharge and satisfaction of all claims against QBE Insurance (Singapore) Pte Ltd and their Insured, '**TRI AUTO PTE LTD**', over damage to my/our vehicle **SHB 7693Z** from an accident involving **SLN 4294B** at/along **SLE TOWARDS UPPER THOMSON EXIT**, which occurred on **10 SEPT 2018** at about **0815hours**.

Further, I/we hereby acknowledge and accept that the above said sum paid to me is 'strictly on a without admission of liability basis' and I/we hereby discharge and release the said QBE Insurance (Singapore) Pte Ltd and their Insured '**TRI AUTO PTE LTD**', from all claims, demands or action of damages as a result of the said accident.

Also, I/we hereby agree to indemnify and keep indemnified the said QBE Insurance (Singapore) Pte Ltd against all and any claims whatsoever made or to be made by any person or persons on my/our behalf in respect of the said accident.

Dated this (day) 24 of (month) SEP (year) 2019

Signature

Ng Wai Yin
G2815702P

Claimant's Name

FIN/NRIC No.

TRANS-CAB SERVICES PTE LTD

No. 2 Ang Mo Kio Street 63

Singapore 569111

Tel: 6287 6666 Fax: 6287 7764

Address



Company stamp if applicable

Witness's Signature

Irone Tang

Witness's Name

SL6569096

FIN/NRIC No.

TRANS-CAB SERVICES PTE LTD

No. 2 Ang Mo Kio Street 63

Singapore 569111

Tel: 6287 6666 Fax: 6287 7764

Address

Please return to:
General Claims Department
QBE Insurance (Singapore) Pte Ltd
1 Raffles Quay
#29-10 South Tower
Singapore 048583
(By Fax: 6534 5356)