

AA01809-276

To: Asher

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSN3021231806 Claim No : SNM18D04676C02/5
Claimant : TRANS-CAB SERVICES PTE LTD
Amount : S\$2,541.95
DOLLARS TWO THOUSAND FIVE HUNDRED FORTY ONE AND CENTS NINETY 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. : SHD 9974P
Insured Vehicle No. : SKB 3475C
Date of Loss : 27/09/2018
Place of Accident : LORONG 6 TOA PAYOH SLIP ROAD TOWARDS PIE

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 : CHIANG TIN WEI
Driver Name : TAN MUI KIM

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\$	2,086.50
(3) Loss of Use/Rental/Earning	S\$	447.96
(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\$ 2,541.95

Claimant Name : TRANS-CAB SERVICES PTE LTD NRIC No : Ng Wai Yin G2815702P

Signature :   Date : 19 JUL 2019