## MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMCVSN8004451810 Claim No : SNM18D04862C02

Claimant : SITI ROSMAWATI BINTE MOHAMED ISNEN

Amount : \$\$2,578.80

SINGAPORE DOLLARS TWO THOUSAND FIVE HUNDRED SEVENTY EIGHT

AND CENTS EIGHTY 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. : SLV 9311K Insured Vehicle No. : GV 39R

Date of Loss : 08.10.2018

Place of Accident : BLOCK 65 UPPER CHANGI ROAD OPEN CAR PARK

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 : M/s SPAN AQUARIUM PTE LTD

Driver Name : PUAH CHIN KOON

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) Gener	al Damages		\$\$	
(2) Cost	of Repair/Excess		S\$	2,396.80
(3) Loss	of Use/Rental/Earning		S\$	180.00
(4) GIA/P	olice Reports/			
Inves	tigation Results/Search	Fees	S\$	2.00
	al Reports/Expenses		S\$	
	y Fees/P.T. Fees		S\$	
	including Disbursement		S\$	
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то	TAL		s\$	2,578.80
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Claimant Name: Sitt Rognawati finte Metamed Isren NRIC No: 5xxx 19224

Signature : 12/8/2019