

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMHCSN1751461700 Claim No : SNM18D04895/C01/7
Claimant : COMFORT TRANSPORTATION PTE LTD
Amount : S\$650.00
SINGAPORE DOLLARS SIX HUNDRED FIFTY 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 3617R
Insured Vehicle No. : SLN 8567M
Date of Loss : 12/10/2018
Place of Accident : NORTH BRIDGE 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 : KIRALY PTE LTD
Driver Name : MUHAMMAD IZZUDDIN BIN ABDUL LATIFF

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.

Table with 2 columns: Description, Amount. Row 1: (1) Global Sum (all in) S\$ 650.00. Row 2: TOTAL S\$ 650.00.

CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
59 LOYANG DRIVE
SINGAPORE 508969

Claimant Name : _____ NRIC No : _____

Signature : [Handwritten Signature] Date : 14-2-19

"The contents of this document apply to vehicle damages only
All personal injuries and damages arising therefrom are excluded
from the ambit and application of this document"

Please forward your cheque made payable to.
COMFORTDELGRO ENGINEERING PTE LTD