MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMCVSN1828901800 Claim No : SNM18D04967C02/1(cbs)

Claimant : SEAH KOK HWEE Amount : S\$8,081.39

SINGAPORE DOLLARS EIGHT THOUSAND EIGHTY ONE AND CENTS

THIRTY NINE 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. : SKH 8892S Insured Vehicle No. : YP 3751R

Date of Loss

: 17.10.2018

Place of Accident : BLOCK 448 HOUGANG AVENUE 10 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 RKP HOLDINGS PTE LTD

Driver Name

: ABDUL MOHAMED S/O HAJA MARICAIR

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 (2) Cost of Repair/Excess (3) Loss of Use/Rental/Earning (4) GIA/Police Reports/ Investigation Results/Search Fees (5) Medical Reports/Expenses (6) Survey Fees/P.T. Fees (7) Cost including Disbursement TOTAL						
(2) Cost of Repair/Excess S\$ 7,679.39 (3) Loss of Use/Rental/Earning S\$ 400.00 (4) GIA/Police Reports/ Investigation Results/Search Fees S\$ 2.00 (5) Medical Reports/Expenses S\$ (6) Survey Fees/P.T. Fees S\$ (7) Cost including Disbursement S\$	(1)	General Damages		S\$		
(3) Loss of Use/Rental/Earning S\$ 400.00 (4) GIA/Police Reports/ Investigation Results/Search Fees S\$ 2.00 (5) Medical Reports/Expenses S\$ (6) Survey Fees/P.T. Fees S\$ (7) Cost including Disbursement S\$				S\$	7,679.39	
Investigation Results/Search Fees S\$ 2.00 (5) Medical Reports/Expenses S\$ (6) Survey Fees/P.T. Fees S\$ (7) Cost including Disbursement S\$ ===================================	(3)	Loss of Use/Rental/Earning		S\$	400.00	
(5) Medical Reports/Expenses S\$ (6) Survey Fees/P.T. Fees S\$ (7) Cost including Disbursement S\$ ====================================	(4)		Fees	SŚ	2.00	
(6) Survey Fees/P.T. Fees S\$ (7) Cost including Disbursement S\$ ====================================	(5)					
(7) Cost Including Bisbursement						
TOTAL	(7)	Cost including Disbursement		S\$		
=======================================		TOTAL		. s\$	8,081.39	
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Claimant Name:	SEAH KOK HWEE	NRIC N	0:	5AAAA 1921
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Signature :		Date	:	1418/19