

A401810-303

To : Khanchag

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMCVSN1713621801 Claim No : SNM18D05150
Claimant : TRANS-CAB SERVICES PTE LTD
Amount : **S\$2,921.00**
Singapore Dollars TWO THOUSAND NINE HUNDRED & TWENTY-ONE
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. : SHB9926P
Insured Vehicle No. : GBE6633J

Date of Loss : 30/10/2018
Place of Accident : BUKIT BATOK EAST AVE

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 : HONG LEE STEEL INDUSTRIES CO PTE LTD
Driver Name : CHAN TEE KIAH

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) Global Sum	S\$ 2,921.00
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TOTAL	S\$ 2,921.00
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Claimant Name : _____



NRIC No : _____

Ng Wai Yin
G2815702P

Signature : _____

✱

Date : _____

5 Nov 9