

## WITHOUT PREJUDICE to:

(a) Insurance Subrogated Claim and/or

(b) Any Personal Injury Claims

(Note: This Notice supercedes any inconsistency found in this Discharge Voucher)

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSN3065551800

Claim No : SNM18D05300C02/2

Claimant : LUM CHEE KONG

Amount : S\$3,787.45

DOLLARS THREE THOUSAND SEVEN HUNDRED EIGHTY SEVEN AND CENTS  
FORTY 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. : SLS 7838L

Insured Vehicle No. : SJU 2312H

Date of Loss : 08/11/2018

Place of Accident : SLIP RD OF AYE &amp; CLEMENTI RD

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 : LIM CHUI FANG

Driver Name : LIM CHUI FANG


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/ <del>Excess</del>	S\$	3,300.00
(3) Loss of Use/ <del>Rental/Earning</del>	S\$	480.00
(4) GIA/Police Reports/ Investigation Results/Search Fees	S\$	7.45
(5) Medical Reports/Expenses	S\$	
(6) Survey Fees/P.T. Fees	S\$	
(7) Cost including Disbursement	S\$	
TOTAL . . . . .	S\$	3,787.45

Claimant Name : Lum chee kong

NRIC No : S14034571

Signature : 

Date : 20-07-19