

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSN3019691803

Claim No :SNM18D05369C02/8

Claimant : COMFORT TRANSPORTATION PTE LTD

Amount : S\$1,880.00

SINGAPORE DOLLARS ONE THOUSAND EIGHT HUNDRED 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. : SHD 4867Z

Insured Vehicle No. : SKT 8988L

Date of Loss : 12/11/2018

Place of Accident : BLOCK 131 KIM TIAN 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 : LIM YOW LONG

Driver Name : TING KHOR NEE

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 (all in) S\$ 1,880.00

TOTAL . . . . . S\$ 1,880.00

---

CLAIMS DEPARTMENT  
COMFORTDELGRO ENGINEERING PTE LTD  
59 LOYANG DRIVE  
SINGAPORE 508969

Claimant Name : \_\_\_\_\_ NRIC No : \_\_\_\_\_

Signature :  Date : 21.1.19

"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