

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSN1740051801 Claim No :SNM18D05442C02
Claimant : TRANS-CAB SERVICES PTE LTD
Amount : S\$2,990.00
SINGAPORE DOLLARS TWO THOUSAND NINE HUNDRED NINETY 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 5712K
Insured Vehicle No. : SLM 3512J

Date of Loss : 19/11/2018
Place of Accident : BUKIT TIMAH 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 : LEE KOK MENG MELVIN
Driver Name : LEE KOK MENG MELVIN

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\$	2,990.00
		=====
TOTAL	S\$	2,990.00
		=====

Claimant Name : _____ NRIC No : _____

Signature : _____ Date : _____

Jasmine Tan
S7405636I

- 6 AUG 2019

