

Att: Carolor

Tale

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMCVSN1060851800

Claim No : SNM18D05775C02/5

Claimant : SMRT TAXIS PTE LTD

Amount : S\$1,458.25

DOLLARS ONE THOUSAND FOUR HUNDRED FIFTY EIGHT AND CENTS
TWENTY 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. : SHB 1638Z

Insured Vehicle No. : GBF 3445A

Date of Loss : 12/12/2018

Place of Accident : CARPARK DRIVE WAY BETWEEN BLK 137/140 TECK WHYE LN

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 : NAKAYAMA AMA MARKETING

Driver Name : ONG BOON SING

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/ Excess	S\$	1,050.00
(3) Loss of Use /Rental/ Earning	S\$	401.25
(4) GIA/Police Reports/ Investigation Results/Search Fees	S\$	7.00
(5) Medical Reports/Expenses	S\$	
(6) Survey Fees/P.T. Fees	S\$	
(7) Cost including Disbursement	S\$	
	=====	
TOTAL	S\$	1,458.25
	=====	

Claimant Name : _____

NRIC No : 81420706F

Signature : _____

Date : 13/6/19

*** This Discharge Voucher applies only to the claimant's claim or his property damage and will not affect his personal injuries claim and/or uninsured losses claim in a later date. Further, the settlement terms herein should not be used as an evidence to prejudice to the claimant's personal injuries claim and/or other uninsured losses claim arising of the subject matter in this action.