

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSN3066971800

Claim No : SNM19D200009/C02/6

Claimant : COMFORT TRANSPORTATION PTE LTD

Amount : S\$5,150.00

DOLLARS FIVE THOUSAND ONE HUNDRED FIFTY 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 3519K

Insured Vehicle No. : SKN 8486A

Date of Loss : 22/12/2018

Place of Accident : PUNGGOL FIELD 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 : CHEN GUOWEI

Driver Name : CHEN GUOWEI

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\$ 5,150.00

TOTAL S\$ 5,150.00

CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
59 LOYANG DRIVE
SINGAPORE 508969

Claimant Name : _____

NRIC No : _____

Signature :  _____

Date : 15.4.19

*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