

To: Asher

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSN3092451600 Claim No : SNM17D01102/C02/4
Claimant : TRANS-CAB SERVICES PTE LTD
Amount : S\$598.20
DOLLARS FIVE HUNDRED NINETY EIGHT AND CENTS TWENTY 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 5778X
Insured Vehicle No. : SJT 684C

Date of Loss : 02/02/2017
Place of Accident : ESSO PETROL KIOSK (BEDOK SOUTH AVE 1)

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 : PATSY LEUNG
Driver Name : PATSY LEUNG

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\$	235.40
(3) Loss of Use/Rental/Earning	S\$	356.80
(4) GIA/Police Reports/ Investigation Results/Search Fees	S\$	6.00
(5) Medical Reports/Expenses	S\$	
(6) Survey Fees/Towing Fee	S\$	
(7) Cost including Disbursement	S\$	
TOTAL	S\$	598.20

Claimant Name : TRANS-CAB SERVICES PTE LTD NRIC No : Jasmine Tan
S7405636I



Signature : _____ Date : 16 MAY 2019