

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMCVSN3059881800 Claim No : SNM19D200195/C02/3
Claimant : COMFORT TRANSPORTATION PTE LTD
Amount : S\$4,730.00
DOLLARS FOUR THOUSAND SEVEN HUNDRED THIRTY 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 6280M
Insured Vehicle No. : GBG 7683Y

Date of Loss : 07/01/2019
Place of Accident : CHURCH STREET

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 : LOONG KEE FOOD SUPPLY
Driver Name : LIANG TIONG HAI

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	SS	4,730.00
		=====
TOTAL	SS	4,730.00
		=====
		=====

CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
55 LOWANG 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