## MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMCVSN1676961802 Claim No :SNM19D200680C02/ock

Claimant : TRANS-CAB SERVICES PTE LTD

Amount : S\$6,746.05

SINGAPORE DOLLARS SIX THOUSAND SEVEN HUNDRED FORTY SIX AND

CENTS 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. : SHD 42M Insured Vehicle No. : GBB 6860K

Date of Loss : 08/02/2019
Place of Accident : SUNGEI 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 : B & LEE ELECTRONICS PTE LTD
Driver Name : KWEK CHEE MENG RAYMOND

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.

General Damages		S\$	
Cost of Repair/Excess		S\$	5,992.00
Loss of Use/Rental/Earning		S\$	746.60
Investigation Results/Search Fees		S\$	7.45
Medical Reports/Expenses		S\$	
Survey Fees/P.T. Fees		S\$	
Cost including Disbursement		S\$	
		====	=========
TOTAL			6,746.05 ======
	Cost of Repair/Excess Loss of Use/Rental/Earning GIA/Police Reports/ Investigation Results/Search Fees Medical Reports/Expenses Survey Fees/P.T. Fees Cost including Disbursement	Cost of Repair/Excess Loss of Use/Rental/Earning GIA/Police Reports/ Investigation Results/Search Fees Medical Reports/Expenses Survey Fees/P.T. Fees Cost including Disbursement	Cost of Repair/Excess S\$ Loss of Use/Rental/Earning S\$ GIA/Police Reports/ Investigation Results/Search Fees S\$ Medical Reports/Expenses S\$ Survey Fees/P.T. Fees S\$ Cost including Disbursement S\$  TOTAL

Claimant Name: NRIC No : Ng Wai Yin G2815702P

Signature : Date :