MOTOR CLAIMS DISCHARGE VOUCHER						
Policy No : DMPCSN3062661800 Claim No : SNM19D200709 Claimant : COMFORT TRANSPORTATION PTE LTD						
Amount : S\$1,596.99 SINGAPORE DOLLARS ONE THOUSAND FIVE HUNDRED NINETY SIX AND CENTS NINETY NINE 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 4171H Insured Vehicle No. : SLP 9342C						
Date of Loss : 10/02/2019 Place of Accident : SIMS AVE						
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 : DON TAN KUAN CHONG Driver Name : DON TAN KUAN CHONG						

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) G	General Dan	nages	S\$		
(2) C	ost of Rep	pair/Excess	S\$	1,177.00	
		e/Rental/Earning	S\$	412.50	
	IA/Police				
I	nvestigati	on Results/Search Fees	S\$	7.49	
(5) M	(5) Medical Reports/Expenses				
	1/				
(7) C	ost includ	ling Disbursement	S\$		
			=====	=========	
TOTAL			S\$ 1,596.99		
			=====	=========	
Claima	ant Name:	CLAIMS DEPARTMENT COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969	NRI	C No :	
Signat	cure :	- film	Date	:	19

Please forward your cheque made payable to: COMFORTDELGRO ENGINEERING PTE LTD

"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"