

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMB1SN1810901800

Claim No : SNM19D200873C02/7

Claimant : COMFORTDELGRO ENGINEERING PTE LTD

Amount : S\$1,590.00

Singapore Dollars One Thousand Five Hundred and Ninety 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 8504U

Insured Vehicle No. : PC 4347T

Date of Loss : 08/02/2019

Place of Accident : UPPER CHANGI ROAD EAST

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 : DYN00 TRANSPORT SERVICES

Driver Name : DINIE HAZIQ BIN NORDIN

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\$ 1,590.00
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TOTAL	S\$ 1,590.00
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Claimant Name : _____

NRIC No : _____

CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD

59 LOYANG DRIVE

SINGAPORE 508969

Signature : _____

Date : _____

"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