

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSN1348381805

Claim No : SNM19D200572C02/1

Claimant : WONG ZHI WAI (HUANG ZHIWEI)

Amount : S\$3,110.35

DOLLARS THREE THOUSAND ONE HUNDRED TEN AND CENTS THIRTY 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. : SME 6393X

Insured Vehicle No. : SDW 841X

Date of Loss : 30/01/2019

Place of Accident : T-JUNCTION, NEW LOYANG LINK TOWARDS OLD TAMPINES RD

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 : XIAMEN AIRLINES SINGAPORE OFFICE

Driver Name : PHANG KEE TIANG

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\$ | 2,787.35 |
| (3) Loss of Use/Rental/ Earning | S\$ | 321.00 |
| (4) GIA/Police Reports/ Investigation Results/Search Fees | S\$ | 2.00 |
| (5) Medical Reports/Expenses | S\$ | |
| (6) Survey Fees/Towing Fee/Disbursement | S\$ | |
| (7) Cost including Disbursement | S\$ | |
| | ===== | |
| TOTAL | S\$ | 3,110.35 |
| | ===== | |

Claimant Name: WONG ZHI WAI (HUANG ZHIWEI)

NRIC No : S8208657I

Signature : _____

Date : _____

19/7/19