

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSN3020281800

Claim No : SNM19D0200858C02/5

Claimant : COMFORT TRANSPORTATION PTE LTD

Amount : S\$6,100.00

Singapore Dollars Six Thousand One Hundred 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. : SH 8503X

Insured Vehicle No. : SJD 7645D

Date of Loss : 18/02/2019

Place of Accident : BEACH RD TWDS KALLANG NEAR DUO BUILDING

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 : LIM JIAN QIANG

Driver Name : LIM CHAIN CHUEN

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\$ 6,100.00
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TOTAL	S\$ 6,100.00
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CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
89 LOYANG DRIVE
SINGAPORE 50968

Claimant Name : _____ NRIC No : _____

Signature :  _____ Date : 26-6-19

Re-signed ✓

*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