

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMCVSN1763221801

Claim No :

Claimant : COMFORT TRANSPORTATION PTE LTD

Amount : **S\$2,600.00**

Singapore Dollars TWO THOUSAND SIX 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. : SHA1713U

Insured Vehicle No. : GBE2802P

Date of Loss : 27/02/2019

Place of Accident : OWEN RD NEXT TO PEK KIO MARKET

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 : CHOO KOK JEE PTE LTD

Driver Name : CHOO NGIAP SENG

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\$ 2,600.00
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TOTAL	S\$ 2,600.00
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CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
59 LOYANG DRIVE
SINGAPORE 508969

Claimant Name : _____ NRIC No : _____

Signature :  Date : 10.6.19

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"