

DISCHARGE VOUCHER

Without Prejudice
Save As to Costs


Your Reference : CC19020854/SHD8555Y/WT(st)
Our Reference : VC012352

I/We, **CITYCAB PTE LTD** do hereby acknowledge the sum of Singapore Dollars: **THREE THOUSAND NINE HUNDRED TWENTY FIVE AND CENTS EIGHTY TWO ONLY (S\$3,925.82)** being full discharge and satisfaction of all claims against QBE Insurance (Singapore) Pte Ltd and their Insured, '**NG TEEN CHING**', over damage to my/our vehicle **SHD 8555Y** from an accident involving **SLC 6948T** at/along **ZION ROAD NEAR TIONG BAHRU ROAD**, which occurred on **28/02/2019** at about **16:30hours**.

Further, I/we hereby acknowledge and accept that the above said sum paid to me is 'strictly on a without admission of liability basis' and I/we hereby discharge and release the said QBE Insurance (Singapore) Pte Ltd and their Insured '**NG TEEN CHING**', from all claims, demands or action of damages as a result of the said accident.

Also, I/we hereby agree to indemnify and keep indemnified the said QBE Insurance (Singapore) Pte Ltd against all and any claims whatsoever made or to be made by any person or persons on my/our behalf in respect of the said accident.

Dated this (day) 01 of (month) August (year) 2019

Signature 
CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
Claimant's Name 59 LOYANG DRIVE
SINGAPORE 508969

FIN/NRIC No. _____

Witness's Signature 
CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
Witness's Name 59 LOYANG DRIVE
SINGAPORE 508969

FIN/NRIC No. _____

"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"

Address



Company stamp if applicable

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

Address

Please return to:
General Claims Department
QBE Insurance (Singapore) Pte Ltd
1 Raffles Quay
#29-10 South Tower
Singapore 048583
(By Fax: 6534 5356)