



## Prime Auto Claims Service Pte Ltd

GST Reg. No : 201606560M  
6 Benoi Place Singapore 629927  
Tel: 6861 0908 Fax: 6515 2948

Date: 15.07.2019

Our ref: SGU5096Y

Your Ref: DMPCSN3065671800

LKK Auto Consultants Pte Ltd

51, Ubi Ave 1, #01-25

Paya Ubi Industrial Park,

Singapore 408933

without prejudice

Attn: Ms. Khanchna / Ms. Hsiao Tong -Motor Claims Dept

Dear Madam,

### **ACCIDENT ON 07.03.2019 INVOLVING VEHICLES SGU5096Y & SLT4841R**

See enclosed our client's signed Discharge Voucher for your payment processing. Please let us have your payment of \$4,078.00 make **payable to Prime Auto claims Service Pte Ltd.**

Thank you

Yours faithfully,

Ms. Alice Leong

e-mail: [aliceleong@primeautoclaims.com](mailto:aliceleong@primeautoclaims.com)

Encl.

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSN3065671800 Claim No : SNM19D201125C02/1(OCK)  
Claimant : COMFY LIMOUSINE SERVICES PTE LTD  
Amount : S\$4,078.00  
DOLLARS FOUR THOUSAND SEVENTY-EIGHT 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. : SGU-5096Y  
Insured Vehicle No. : SLT 4841R

Date of Loss : 07/03/2019  
Place of Accident : LENG KEE ROAD

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 : PNG MARIA THERESE  
Driver Name : PNG MARIA THERESE

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/Recess	S\$	3,852.00
(3) Loss of Use/Rental/Earning	S\$	224.00
(4) GIA/Police Reports/ Investigation Results/Search Fees	S\$	2.00
(5) Medical Reports/Expenses	S\$	
(6) Survey Fees/P.T. Fees	S\$	
(7) Cost including Disbursement	S\$	
TOTAL . . . . .	S\$	4,078.00

Claimant Name : \_\_\_\_\_

NRIC No : NA

Signature : \_\_\_\_\_

Date : 15/7/2019



"The contents of this document apply to vehicles damages only. All personal injuries and damages arising therefrom are excluded from the ambit and application of this document"