

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSN3020931801 Claim No : SNM19D201180C02 (bt)  
Claimant : TRANS-CAB SERVICES PTE LTD

Amount : S\$2,500.00  
SINGAPORE DOLLARS TWO THOUSAND FIVE 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. : SHD 620U  
Insured Vehicle No. : SJK 4532D

Date of Loss : 12/03/2019  
Place of Accident : JUNCTION OF TAMPINES AVENUE 4 AND AVENUE 5

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 : MUHAMMAD NASRUDDIN BIN A RAHMAN  
Driver Name : MUHAMMAD NASRUDDIN BIN A RAHMAN

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 (all in) S\$ 2,500.00

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TOTAL . . . . . S\$ 2,500.00

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Claimant Name : \_\_\_\_\_ NRIC No : \_\_\_\_\_



Ng Wai Yin  
G2815702P

Signature : AL. Date : 10 DEC 2019