

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMCVSN1840651800

Claim No : SNM19D201807C02(cml)

Claimant : CHNG KAI XIANG JOSEPH

Amount : S\$6,879.00

SINGAPORE DOLLARS SIX THOUSAND EIGHT HUNDRED SEVENTY NINE
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. : SKX 9381J

Insured Vehicle No. : XD 8115U

Date of Loss : 22.04.2019

Place of Accident : SLE TPE NEAR WOODLANDS SOUTH FLYOVER

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 : RLS TRANSPORT & ENGINEERING PTE LTD
Driver Name : RAMAIAH BALASUBRAMANIAM

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/Excess	S\$	6,527.00
(3) Loss of Use/Rental/Earning	S\$	350.00
(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\$	
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TOTAL	S\$	6,879.00
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Claimant Name: Chng Kai Xiang Joseph NRIC No : S8408156 F

Signature :  X Date : 14/10/19