

AA01905-034

to : Asher

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMCVSN1837121800 Claim No :
 Claimant : TRANS-CAB SERVICES PTE LTD
 Amount : S\$1,999.02
 DOLLARS ONE THOUSAND NINE HUNDRED NINETY NINE AND CENTS TWO 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 5483R
 Insured Vehicle No. : YP 7980U

Date of Loss : 06/05/2019
 Place of Accident : TOH TUCK LINK

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 : KIM CHENG CONSTRUCTION PTE. LTD.
 Driver Name : THANGAVEL RAJENDIRAN

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\$	1,337.93
(3) Loss of Use/Rental/Earning	S\$	653.60
(4) GIA/Police Reports/ Investigation Results/Search Fees	S\$	7.49
(5) Medical Reports/Expenses	S\$	
(6) Survey Fees/Towing Fee	S\$	
(7) Cost including Disbursement	S\$	
	=====	
TOTAL	S\$	1,999.02
	=====	

Claimant Name : TRANS-CAB SERVICES PTE LTD

NRIC No : Ng Wai Yin
G2815702P

Signature : AL



Date : 16 AUG 2019