

TO : Asher

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMCVSN3012541904 Claim No : SNM19D202264C03/1
 Claimant : TRANS-CAB SERVICES PTE LTD
 Amount : S\$11,735.88
 DOLLARS ELEVEN THOUSAND SEVEN HUNDRED THIRTY FIVE AND CENTS
 EIGHTY 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. : SHC 5453H
 Insured Vehicle No. : GL 11Y

Date of Loss : 17/05/2019
 Place of Accident : TAMPINES AVENUE 10

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 : GLI INDUSTRIAL SUPPLY & SERVICES
 Driver Name : LEE POH CHUAN

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\$	10,111.50
(3) Loss of Use/Rental/Earning	S\$	1,616.89
(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\$	11,735.88
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Claimant Name : TRANS-CAB SERVICES PTE LTD

NRIC No : _____

Signature : _____



Date : _____