

*** This Discharge Voucher applies only to the claimant's claim for his property damage and will not affect his personal injuries claim and/or uninsured losses claim in a later date. Further, the settlement terms herein should not be used as an evidence to prejudice to the claimant's personal injuries claim and/or other uninsured losses claim arising of the subject matter in this action.

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DBISN3021931900 Claim No : SNM19D204913
Claimant : ONG KHIAW ONG JUSTIN
Amount : S\$5,652.00
DOLLARS FIVE THOUSAND SIX HUNDRED FIFTY-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. : SLM2676B
Insured Vehicle No. : CB7735X

Date of Loss : 29/03/2019
Place of Accident : CARPARK BLK 469 ANG MO KIO AVE 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 : BUS TECH PTE. LTD
Driver Name : SHIN KIM HOCK

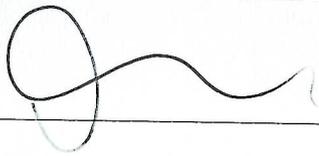
from all claims, present or future in respect of all loss, injury or damage sustained by me/us arising out of the said accident.

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\$	5,350.00
(3) Loss of Use/Rental/Earning	S\$	300.00
(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\$	5,652.00

Claimant Name : _____

NRIC No : _____

Signature :  _____

Date : 03/04/2020