

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSN3068581800

Claim No :

Claimant : CITY CAB PTE LTD

Amount : S\$1,150.00  
DOLLARS ONE THOUSAND ONE HUNDRED AND FIFTY 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

TAN ENG KHOON

Claimant Vehicle No. : SHC 809Z

Insured Vehicle No. : SLD 3083C

Date of Loss : 26/05/2019

Place of Accident : ANSON RD X MAXWELL RD

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 : TEO HONG BHENG

Driver Name : TAN JIEWEN, VANESSA FAYE

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.

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|-----------------|--------------|
| (1) Global Sum  | S\$ 1,150.00 |
|                 | =====        |
| TOTAL . . . . . | S\$ 1,150.00 |
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Claimant Name : CITY CAB PTE LTD

NRIC No :

Signature : \_\_\_\_\_

Date : \_\_\_\_\_

CLAIMS DEPARTMENT  
COMFORTDELGRO ENGINEERING PTE LTD  
59 LOYANG DRIVE  
SINGAPORE 508969

"The contents of this document apply to vehicle damages only  
All personal injuries and damages arising therefrom are excluded  
from the ambit and application of this document"

Please forward your cheque made payable to:  
COMFORTDELGRO ENGINEERING PTE LTD