MOTOR CLAIMS DISCHARGE VOUCHER

Policy No: DMPCSN3065891800 Claim No: SNM19D202624/0

Claimant : COMFORT TRANSPORTATION PTE LTD

Amount : \$\$5,257.00

DOLLARS FIVE THOUSAND TWO HUNDRED AND FIFTY SEVEN 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. : SHA 1437S Insured Vehicle No. : SJF 1610H

Date of Loss : 28/05/2019

Place of Accident : AYE TWDS CITY BEFORE JURONG TOWN HALL EXIT

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 : POH TIAN GEE
Driver Name : SOE THIHA AUNG

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\$	4,761.50	
(3)	Loss of Use /Rental/Earning	S\$	488.01	
(4)	GIA/Police Reports/			
	Investigation Results/Search Fees	S\$	7.49	
(5)	Medical Reports/Expenses	S\$		
(6)	Survey Fees/P.T. Fees	S\$		
(7)	Cost including Disbursement	S\$		
		=====		
	TOTAL	S\$	5,257.00	
		=====		

Claimant Name: COMFORT TRANSPORTATION PTE LTD

NRIC No :

Signature

CLXIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
59 LOYANG DRIVE
SINGAPORE 508969

Date : ______

"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